

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

A98-392

1. Entity Name

JANET CRAFT LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 29 PM 1:29

Principal Place of Business

Mailing Address

6131 Southgate Blvd
Margate, Florida

P.O. BOX 16206
Plantation, Florida,
33318

2. Principal Place of Business

see above

Suite, Apt. #, etc.

3. Mailing Address

see above

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0804042

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMUEL B. LEWIS

~~P.O. BOX 16206~~ 6307 NW 20 STREET

~~Plantation, Florida, 33318~~ MARGATE
FLORIDA

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Not Applicable

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

as Shown on record 12,000.00

10. Amount of Capital Contributions

in FLORIDA to date \$9,500.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME

Samuel B. Lewis

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

000003316120--9

-07/07/00--01045--011

****164.00 ****164.00

DOCUMENT #

NAME

STREET ADDRESS

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Samuel B. Lewis

April 20, 2000 (954)7207578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)