

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000066 AF

DOCUMENT # A98000001091

1. Entity Name

JAFFE REAL ESTATE INVESTMENTS LIMITED

FILED

Principal Place of Business

10081 PINES BLVD.  
SUITE A  
PEMBROKE PINES FL 33024

Mailing Address

10081 PINES BLVD.  
SUITE A  
PEMBROKE PINES FL 33024

01 MAY -2 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

555 SW 12th Ave  
Suite, Apt. #, etc.  
Suite 101

3. Mailing Address

555 SW 12th Ave  
Suite, Apt. #, etc.  
Suite 101

City & State

Pompano Bch, FL

City & State

Pompano Bch, FL

Zip

33069

Country

USA

Zip

33069

Country

USA

4. FEI Number

65-0831146

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, BRUCE J  
2701 LEJEUNE RD., SUITE 404  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

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.

\$400,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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

DOCUMENT # P98000039219  
NAME JAFFE REAL ESTATE, INC.  
STREET ADDRESS 18999 BISCAYNE BOULEVARD  
CITY-ST-ZIP AVENTURA FL 33180

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)