

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001229

1. Entity Name

THE JEFFREY GROUP PARTNERSHIP, LIMITED PARTNERSH

Principal Place of Business

1111 LINCOLN ROAD #840
MIAMI BEACH FL 33139

Mailing Address

1111 LINCOLN ROAD #840
MIAMI BEACH FL 33139-2452

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 AM 10:50



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 840

City & State

Zip

Country

Suite, Apt. #, etc.

SUITE 840

City & State

Zip

Country

4. FEI Number

65-0891895

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHARLACH, JEFFREY
C/O JEFFREY GROUP, INC.
1111 LINCOLN ROAD
MIAMI BEACH FL 33139

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.

\$760,000.00

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 # P93000046178
NAME THE JEFFREY GROUP, INC.
STREET ADDRESS 1111 LINCOLN ROAD
CITY - ST - ZIP MIAMI BEACH FL 33139

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

5000003156515--B
-03/03/00--01067--015
****526.25 ****526.25

STREET ADDRESS

CITY - ST - ZIP

nf 3/1/00

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

2/17/00

305-860-1000 x151

JEFFREY R SHARLACH

Daytime Phone #

CR2E003 (9/99)