

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001292

1. Entity Name

JAFFE REAL ESTATE INVESTMENTS, II, LTD.

FILED

00 MAR 27 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
18999 BISCAYNE BOULEVARD
AVENTURA FL 33180

Mailing Address
18999 BISCAYNE BOULEVARD
AVENTURA FL 33180-2814

2. Principal Place of Business

3. Mailing Address

10081 Pines Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

City & State

City & State

PEMBROKE PINES, FL

Zip

Country

Zip

Country

33024

US

4. FEI Number

65-0837549

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDMAN, BRUCE J
2701 LE JEUNE ROAD
SUITE 404
CORAL GABLES FL 33134

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.

\$250,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000042488
NAME JAFFE REAL ESTATE, II, INC.
STREET ADDRESS 18999 BISCAYNE BOULEVARD
CITY - ST - ZIP AVENTURA FL 33180

STREET ADDRESS

CITY - ST - ZIP

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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 REQUIRED

3-1-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)