

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001422**

1. Entity Name  
**ARJOY LTD.**

FILED

00 FEB 15 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 18151 N.E. 31ST COURT. APT. CPH 216 AVENTURA FL 33160	Mailing Address 18151 N.E. 31ST COURT. APT. CPH 216 AVENTURA FL 33160-2660
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0839856</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**HENRY, THORNTON M**  
505 SOUTH FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH FL 33401

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. <b>\$5,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>GOTTLIEB, ANDREW</b> 18151 N.E. 31ST COURT, APT. CPH 216 AVENTURA FL 33160
NAME	
STREET ADDRESS CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS CITY - ST - ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>200003148772--9</b>
CITY - ST - ZIP	<b>-02/28/00--01017--005</b>
STREET ADDRESS	<b>****535.00 ****535.00</b>
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: *Andrew M. Gottlieb* **ANDREW M. GOTTLIEB** 2/8/00 (954) 922-5885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)