

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

**DOCUMENT # A98000001770**

1. Entity Name  
**JOEMAR CAPITAL INVESTMENTS, LTD.**

Principal Place of Business <b>544 SUGARTOWN ROAD          MALVERN PA 19355</b>	Mailing Address <b>544 SUGARTOWN ROAD          MALVERN PA 19355-2872</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **59-3523651**  
 Applied For  
 Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**KATZ, LAWRENCE H  
 341 NORTH MAITLAND AVENUE, SUITE 120  
 MAITLAND FL 32751**

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

9. Capital Contributions as Shown on record. <b>\$600,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>526.25</b>	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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P98000063675 FRJM, INC. 544 SUGARTOWN ROAD MALVERN PA 19355</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	<del>500003284085--7</del>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	<del>-06/12/00--01009--024</del>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	<del>***526.25 ***526.25</del>
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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

**4/26/00** **610/296-9770**  
 Date Daytime Phone #

CR2 001 (SM)