

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000097**

1. Entity Name
JUPITER VENTURE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 23 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business
75 N.E. 6TH AVENUE, SUITE 214
DELRAY BEACH FL 33483

Mailing Address
75 N.E. 6TH AVENUE, SUITE 214
DELRAY BEACH FL 33483-5453

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

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number
05-0894012

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ZENGAGE, JIM
75 N.E. 6TH AVENUE, SUITE 214
DELRAY BEACH FL 33483

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 _____

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$197,391.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	P9700073252 RETAIL CONCEPTS, INC. 75 N.E. 6TH AVENUE, SUITE 214 DELRAY BEACH FL 33483
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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STREET ADDRESS	
CITY - ST - ZIP	

Supp. call filed 4/23/00

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*****535.00 ***535.00**

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: *JIM ZENGAGE* **JIM ZENGAGE** 4/13/00 561-278-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER GENERAL PARTNER Date Daytime Phone #

CRZE003 (9/99)