

2002 UNIFORM BUSINESS REPORT (UBR)

UBR 5 A1

DOCUMENT # A99000000831

1. Entity Name

JUPITER UNION LIMITED PARTNERSHIP

FILED

02 FEB 25 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

P.O. BOX 1805
DANIA BEACH FL 33004-1805

Mailing Address

P.O. BOX 1805
DANIA BEACH FL 33004-1805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0917938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

ANGELLA GINO F
2412 N. 14TH AVENUE
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name *Angella Gino F*

Street Address (P.O. Box is not acceptable)

302 Balboa Street

City *Hollywood*

FL *33019*

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

Angella Gino F Angella

2/15/02

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

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 #
NAME ANGELLA, GINO F
STREET ADDRESS P.O. BOX 1805
CITY-ST-ZIP DANIA BEACH FL 33004-1805

DOCUMENT #
NAME ANGELLA, CATHERINE
STREET ADDRESS P.O. BOX 1805
CITY-ST-ZIP DANIA BEACH FL 33004-1805

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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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

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:

Angella Gino F Angella

2/15/02 954-921-6094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)