

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

102

U001462
AT

DOCUMENT # **A99000000956**

1. Entity Name

J.A.S.F. LIMITED PARTNERSHIP

02 SEP 13 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY SEPTEMBER 25, 2002

Principal Place of Business

Mailing Address

**4424 WEST BAY COURT AVENUE
TAMPA FL 33611**

**4424 WEST BAY COURT AVENUE
TAMPA FL 33611**

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 **59-3586009**

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

**FINAN, JOSEPH A
4424 WEST BAY COURT AVENUE
TAMPA FL 33611**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$990,000.00**

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 # **P99000048679**
NAME **J.A.S.F. INC.**
STREET ADDRESS **4424 WEST BAY COURT AVENUE**
CITY-ST-ZIP **TAMPA FL 33611**

STREET ADDRESS

CITY-ST-ZIP

**300007807983--4
-09/17/02--01064--017
****526.25 ****526.25**

DOCUMENT #
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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:

Joseph A Finan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

09/17/02 813 839-5582
Date Daytime Phone #

CR2E003 (4/02)

#A99000000956
#59-3586009

2 of 2

Div of Corps.

Sept 12, 2002

Dear Sir or Mam,

Please accept this payment
for full payment.

Please know that I believe I
did ^{not} receive the initial form (but I did)
I have not been able to locate it.

I had to close my own business
because it was failing because I was
unable to keep up with an
estranged husband and 3 young
children. I was trying to
handle these accounts for my
dad since my mother had died
but I also had to deal
with the Estate Tax Returns
and Probate. To this day
I cannot locate the first set
of forms.

Please respectfully I
ask that you accept this
in full and I humbly
thank you.

Sincerely,
Capi A. Kim Sat
(JASE Limited Anshio)