

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001256**

1. Entity Name
JNM MANAGEMENT GROUP, LTD.

Principal Place of Business
5151 COLLINS AVE., SUITE 1512
MIAMI BEACH FL 33140

Mailing Address
5151 COLLINS AVE., SUITE 1512
MIAMI BEACH FL 33140-2717

FILED

00 SEP -6 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

SHAPOVALOV, INNA
16300 NE 19TH AVE., SUITE 250
NORTH MIAMI BEACH FL 33162

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: **\$90,000.00**

10. Amount of Capital Contributions in FLORIDA to date: **540,000**

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 #
NAME **ORIK, MICHAEL**
STREET ADDRESS **5151 COLLINS AVE., SUITE 1512**
CITY - ST - ZIP **MIAMI BEACH FL 33140**

STREET ADDRESS **500003378165--4**
CITY - ST - ZIP **DE 30200-01092-004**
******526.25 ****526.25**

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NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS **FF \$526.25**

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/5/00
Date

Daytime Phone #