


# 2002 UNIFORM BUSINESS REPORT (UBR)

0001848 AV

DOCUMENT # **A99000001256**

1. Entity Name  
**JNM MANAGEMENT GROUP, LTD.**

**FILED**  
**02 APR 18 PM 2:56**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



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

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

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

4. FEI Number **65-0924302** 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  
**SHAPOVALOV, INNA**  
**16300 NE 19TH AVE., SUITE 250**  
**NORTH MIAMI BEACH FL 33162**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$542,000.00**

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 #	<b>ORIK, MICHAEL</b> <b>5151 COLLINS AVE., SUITE 1512</b> <b>MIAMI BEACH FL 33140</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
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**800005373018--2**  
**04/29/02-01128--024**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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:  **4-15-02 (847)372-4831**

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

CR2E003 (9/01)