

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000001309

1. Entity Name

JONATHAN D. LEWIS LIMITED PARTNERSHIP

FILED

01 MAR 23 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O SHUTTS & BOWEN, LLP
201 SOUTH BISCAYNE BLVD., 1500 MIAMI CNTR.
MIAMI FL 33131

Mailing Address
C/O SHUTTS & BOWEN, LLP
201 SOUTH BISCAYNE BLVD., 1500 MIAMI CNTR.
MIAMI FL 33131

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0940557

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

CORPORATION COMPANY OF MIAMI
C/O SHUTTS & BOWEN, LLP
201 SOUTH BISCAYNE BLVD., 1500 MIAMI CNTR.
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. \$1,336,500.00

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 #
NAME LEWIS, JONATHAN D
STREET ADDRESS 4649 PONCE DE LEON BLVD., #304
CITY-ST-ZIP CORAL GABLES FL 33146

STREET ADDRESS

CITY-ST-ZIP

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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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/16/01
Date

305 669-8990
Daytime Phone #

CR2E003 (11/00)