

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001967**

1. Entity Name

THREE J.L., LTD.

Principal Place of Business

**9400 SOUTH DADELAND BLVD., SUITE 600
MIAMI FL 33156**

Mailing Address

**9400 SOUTH DADELAND BLVD., SUITE 600
MIAMI FL 33156-2841**

2. Principal Place of Business

3640 SW 185th Avenue

Suite, Apt. #, etc.

3. Mailing Address

3640 SW 185th Avenue

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Miramar, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33029

Country
USA

Zip
33029

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVERMAN, STEVEN

9400 SOUTH DADELAND BLVD., SUITE 600

MIAMI FL 33156

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

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

\$210,000.00

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 # **P99000102488**
NAME **THREE J.L., INC.**
STREET ADDRESS **9400 SOUTH DADELAND BLVD., SUITE 600**
CITY - ST - ZIP **MIAMI FL 33156**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **3640 SW 185th Avenue**

CITY - ST - ZIP **Miramar, FL 33029**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-26-00

305-885-1429

Linda Hartwell

FILED
May 02, 2000 8:00 am
Secretary of State



DO NOT WRITE IN THIS SPACE