

2000 UNIFORM BUSINESS REPORT (UBR)

001531 1

DOCUMENT # **B93000000492**

1. Entity Name
JUNIPER PARTNERS LIMITED PARTNERSHIP

FLORIDA
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 APR 13 PM 3:00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1013 CENTRE ROAD
 WILMINGTON DE 10805**

Mailing Address
**460 BLOOMFIELD AVENUE
 MONTCLAIR NJ 07042-3552**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
**400 Broadacres Drive
 4th Floor
 Bloomfield NJ
 07003**

4. FEI Number **13-3458252**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$0.00**

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 #	F93000005180
NAME	JUNIPER PARTNERS, INC.
STREET ADDRESS	460 BLOOMFIELD AVENUE
CITY - ST - ZIP	MONTCLAIR NJ 07042
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	400 Broadacres Drive
CITY - ST - ZIP	Bloomfield NJ 07003
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	500003239885--E
CITY - ST - ZIP	-05/04/00--01084--015 *****141.25 *****141.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**President, Juniper Partners, Inc.,
 general partner**
 Date **3/21/00**
 Daytime Phone # **973-461-8300**

CR2E003 (9/99)