

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000395 AF

DOCUMENT # L00000001250

1. Entity Name  
J POOLE COMMERCIAL, L.L.C.

FILED

01 MAY -1 PM 5:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1000 BRICKELL AVE., SUITE 900  
MIAMI FL 33131

Mailing Address  
1000 BRICKELL AVE., SUITE 900  
MIAMI FL 33131



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

65-0977273

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAUGHN, H. JOSEPH  
1000 BRICKELL AVE., SUITE 900  
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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete  
NAME VAUGHN, H. JOSEPH  
STREET ADDRESS 1000 BRICKELL AVE., SUITE 900  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition  
NAME 4000004274204--5  
STREET ADDRESS \*\*\*\*\*50.00 \*\*\*\*\*50.00  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME KLUKAS, HERBERT  
STREET ADDRESS 1000 BRICKELL AVE., SUITE 900  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition  
NAME 4000004274204--5  
STREET ADDRESS -05/21/01--01145--020  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGR ☐ Delete  
NAME POOLE, JEANNETTE  
STREET ADDRESS 1000 BRICKELL AVE., SUITE 900  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: H. Joseph Vaughn *H. Joseph Vaughn* 4/28/01 305-702-5525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E080711/00