

2000 UNIFORM BUSINESS REPORT (UBR)

0009817 AF

DOCUMENT # L97000000802

1. Entity Name
JACO COMPANY, L.C. OF SOUTH FLORIDA

FILED

00 APR 10 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

6811 RIVIERA DRIVE
CORAL GABLES FL 33146

Mailing Address

6811 RIVIERA DRIVE
CORAL GABLES FL 33146-3532

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0881988

Applied For

Not Applicable

Zip

Country

Zip

Country

0405

0405

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

HINDS, LEONARD F JR
6811 RIVIERA DRIVE
CORAL GABLES FL 33146

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HINDS, LEONARD F JR
6811 RIVIERA DRIVE
CORAL GABLES FL 33146 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HINDS, JACQUELYN B
6811 RIVIERA DRIVE
CORAL GABLES FL 33146 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003222213--2
-04/25/00--01015--004
*****50.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-5-00

305 665472

CR2E083 (9/99)