

# 2000 UNIFORM BUSINESS REPORT (UBR)

0006570 AF

DOCUMENT # **L98000001572**

1. Entity Name  
**JMHS ASSOCIATES, L.L.C.**

**FILED**

*4/5*

**00 MAR 24 AM 9:04**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business  
**6511 VIA ROSA 6835 Viento Way**  
BOCA RATON FL 33433

Mailing Address  
**6511 VIA ROSA 6835 Viento Way**  
BOCA RATON FL 33433-6436

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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **650847883**  
**APPLIED FOR**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
**SCHULTZ DEVELOPMENT, INC.**  
**6511 VIA ROSA 6835 Viento Way**  
BOCA RATON FL 33433

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 \_\_\_\_\_

**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	<b>MGR</b> <b>SCHULTZ DEVELOPMENT, INC.</b> <b>6511 VIA ROSA 6835 Viento Way</b> <b>BOCA RATON FL 33433</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300003204109--8</b> <b>-04/11/00-01109-007</b> <b>*****50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

CR2E083 (9/99)