## 2000 UNIFORM BUSINESS REPORT (UBR)

2000 U	NIFORM BUS	INESS REP	ORT	(UBR)	<del>-</del>			PPRO ANI	D		
DOCUMENT # . L9900000931  I. Entity Name  JNKS AT PABLO BEACH, L.L.C.								FILE	·U		
						00 APR 17 PM 4: 18					
	·						SECRE	TARY	OF ST	ATE	
Principal Place of Bu	siness	Mailing Address				7	ALLAH	ASSE	E,FLU	RIUA	
12 Washington St Priando FL 32801	REET	512 Washington Street Orlando Fl 32801				.4.3.		V 21	1		
MLANDO FL 32001		ONEANDO PE SESSI			1	ereniaira. La pitairae		***. Dia <b>ma</b> na <b>a</b> l	1911 <b>33</b> 1111 <b>33</b> 11	ii <b>aa</b> ii <b>a</b> ( <b>a) 33</b>	))) <b>8</b> 1 () <b>0</b> ) ( <b>98</b> )
. Principal Place of	Business	3. Mailing Address			_						
Suite, Apt. #, etc.							DO NOT	\MDITE II	N THIS SE	PACE	
		Suite, Apt. #, etc.		mu			While	11113 31			
City & State		City & State			4. FEI N		557 <u>5</u>	20			plied For t Applicable
Zip	Country	Zip	Coun	itry	5. Certif	icate of	Status Desi	red _		5.00 Add	
6. I	Name and Address of Curren	t Registered Agent		Name	7. Name	and Ad	ldress of N	ew Regi	stered Ag	jent	
MOTOLAW, INC.					ss (P.O. Box N	umber is	Not Accer	table)			
50 NORTH LAURA STREET, SUITE 2750				Street Address					<del></del>	<u> </u>	
	FL 32202										
JACKSONVILLE	, <u> </u>			City			<del></del> .		FI	Zip Cod	9
		for the ourpose of changing	a its register		stered agent. o	or both, i	n the State	of Florida	FL	Zip Cod	<del></del>
	d entity submits this statement	for the purpose of changin	g its registere		stered agent, o	or both, i	n the State	of Florida		Zip Cod	e 
. The above named							n the State	of Florida		Zip Cod	e 
. The above named	d entity submits this statement	nt and title if applicable.	(NOTE: Registere	ed office or regis	uired when reinstatir		n the State	of Florida	a.	Zip Cod	e
. The above named	d entity submits this statement	nt and title if applicable.	(NOTE: Registere	ed office or regis	uired when reinstatin		n the State	of Florida	a.	Zip Cod	e
SIGNATURESignature	d entity submits this statement is, typed or printed name of registered ager	nt and title if applicable.  FILE  Make Check  BERS/MEMBERS	NOW!!! is Payable to 10.	ed office or regis of Agent signature requ FEE IS \$50.0 o Departmen	uired when reinstatin			of Florida	DATE		
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