

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #**

P96000085804

1. Entry Name

JGR & PARTNERS, INC.

Principal Place of Business

3361 SW THIRD AVENUE
SUITE 102
MIAMI, FL 33145

Mailing Address

3361 SW THIRD AVENUE
SUITE 102
MIAMI, FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0701184

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IVOR BAMBERGER
3361 SW THIRD AVENUE
SUITE 102
MIAMI, FL 33145

Name

Street Address (P.O. Box Numbers 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 (applicable)

(NOTE: Registered agent's signature is required when transferring)

Date

9. This corporation is eligible to satisfy its intangible
Tax filing requirements and elects to do so
(See criteria on back) ☐10. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	IVOR BAMBERGER	
STREET ADDRESS	3361 SW THIRD AVENUE, STE. 102	
CITY-STATE-ZIP	MIAMI, FL 33145	

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

TITLE	D	☐ Delete
NAME	JULIO E. MENDEZ	
STREET ADDRESS	3361 SW THIRD AVENUE, STE. 102	
CITY-STATE-ZIP	MIAMI, FL 33145	

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

TITLE	D	☐ Delete
NAME	JENNIFER BEBER	
STREET ADDRESS	3361 SW THIRD AVENUE, STE. 102	
CITY-STATE-ZIP	MIAMI, FL 33145	

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

TITLE	D	☐ Delete
NAME	ELAINE SILVERSTEIN	
STREET ADDRESS	3361 SW THIRD AVENUE, STE. 102	
CITY-STATE-ZIP	MIAMI, FL 33145	

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

IVOR BAMBERGER 4/28/00

(305) 856-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #