

2001 UNIFORM BUSINESS REPORT (UBR)

0004232 AF

DOCUMENT # A00000001421

Entity Name

JORGÉ LOPEZ FAMILY PARTNERSHIP, LTD.

FILED
01 JAN 29 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2121 PONCE DE LEON BOULEVARD, PH2
CORAL GABLES FL 33134

Mailing Address
2121 PONCE DE LEON BOULEVARD, PH2
CORAL GABLES FL 33134

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

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

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
WOLFE, LEON J ESQ.
% BERMAN WOLFE RENNERT VOGEL & MANDLER PA
2121 PONCE DE LEON BOULEVARD, PH2
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name
Registered Agents of Florida, LLC
 Street Address (P.O. Box Number is Not Acceptable)
100 Southeast Second Street
 Suite 3500
 City **Miami** **FL** Zip Code **33131-2130**

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 **V.P.** DATE **1/27/01**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date **0**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	L00000011122
NAME	JL FAMILY HOLDINGS, L.L.C.
STREET ADDRESS	2121 PONCE DE LEON BOULEVARD, PH2
CITY-ST-ZIP	CORAL GABLES FL 33134
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900003654549--0
CITY-ST-ZIP	02/06/01 01091-020
STREET ADDRESS	****150.00 ****150.00
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

CR2E003 (11/00)