

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A98000000476**

1. Entity Name

CHULÀ VISTA MEDICAL PLAZA INVESTORS LIMITED PART

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 16 PM 1:15

Principal Place of Business

222 LAKEVIEW AVE., 17TH FL
WEST PALM BEACH FL 33401

Mailing Address

222 LAKEVIEW AVE., 17TH FL
WEST PALM BEACH FL 33401

2. Principal Place of Business

Gardens Corporate Center
3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410

3. Mailing Address

Gardens Corporate Center
3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410

DO NOT WRITE IN THIS SPACE

MJH

4. FEI Number

65-0820931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REGSERV CORP.
222 LAKEVIEW AVE., 17TH FL
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

REGSERV CORP.
Gardens Corporate Center
3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410

FL Zip Code

8. REGSERV CORP.

SIC

By: Lawrence B. Juran, President

registered office or registered agent, or both, in the State of Florida.

Registered Agent signature required when reinstating)

1/23/01
DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # **A98000000475**
NAME **CHULA VISTA MEDICAL PLAZA EQUITY INVESTORS**
STREET ADDRESS **222 LAKEVIEW AVE., 17TH FL**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
Gardens Corporate Center
CITY-ST-ZIP
3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410

STREET ADDRESS
CITY-ST-ZIP

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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:

Patrick J. DiSalvo
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Patrick J. DiSalvo
Vice President

1/30/01
Date

(561) 630-5055
Daytime Phone #

CR2E003 (11/00)