

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002400

1. Entity Name

UNIWAY COMPUTER ASSOCIATES, LTD.

Principal Place of Business

3231 LAKESHORE DRIVE
DEERFIELD BEACH FL 33432

Mailing Address

1515 N. FEDERAL HWY SUITE 300
BOCA RATON FL 33432-1994

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

65-0795328

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

BEFELER, GEORGE ESQ.

100 SOUTHEAST 2ND STREET, 37TH FLOOR
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$10,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

10,000

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000089567
NAME UNIWAY COMPUTER ASSOCIATES, INC.
STREET ADDRESS 3231 LAKE SHORE DRIVE
CITY - ST - ZIP DEERFIELD BEACH FL 33442

STREET ADDRESS

500003162275--1

CITY - ST - ZIP

-03/08/00--01060--008

***158.75 ***158.75

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

2/3/2000

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

02/20/2000

954-675-1383

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 9:47



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)