2001	I UNIFORM BUS	INESS REPO	RT	(UBR)		\ 		
DOCUMENT # A9700002400 1. Entity Name							÷	
UNIWAY COMPUTER ASSOCIATES, LTD.						FILED		
Principal Plac	e of Business	Mailing Address				01 OCT 18 PH 12: 17		
3231 LAKESHORE DRIVE DEERFIELD BEACH FL 33432		1515 N. FEDERAL HWY SUITE 300 BOCA RATON FL 33432				SECRETARY OF STATE TALLAHASSEE, FLORIDA THEORIDIAN THE PANTANCIAN CANDENS THE PANTANCIAN CANDENCIAN CANDENS THE PANTANCIAN CANDENS THE PANTANCIAN CANDENS THE PA		
2. Principal Place of Business 1515 N FEDERAL HWY 3. Mailing Address						-		
Suite, Apt. #, etc. Suite, Apt. #, etc						DUE BY SEPTEMBER 26, 2001		
City & State BOCA RATON, FL City & State						4. FEI Number . 65-0795328		
3343 a	Country	Zip	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required	able	
	6. Name and Address of Current	Registered Agent				7. Name and Address of New Registered Agent		
BEFELER, GEORGE ESQ.					Name BEFELER, GEORGE ESQ.			
190-SOUTHEAST 2ND STREET, 37TH FLOOR				Street Address (P.O. Box Number is Not Acceptable)				
-MIAMI-FL 33131					W			
	1		J	, //1	iA	FL Zip Code 33 130 ed agent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent			d Agent signature req	_			
Capital Cor as Shown of		10. Amount of Capita in FLORIDA to da		outions		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS EN Y NOT be changed on th	TITY MI	UST BE REG	iISTi	ERED AND ACTIVE WITH THIS OFFICE. t must be filed to change a general partner.	-	
12.	GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY				
DOCUMENT # NAME STREET ADDRESS	UNIWAY COMPUTER ASSOCIATES, INC. 3231 LAKE SHORE DRIVE DEERFIELD BEACH FL 33442				<u> 15</u>	N FEDERAL HWY, SUITE BOD	_	
CITY-ST-ZIP				ST-ZIP B	, O	GA RATION, FL 33432		
Document # Name			STREE	ET ADDRESS				
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OOCUMENT #			STREE	T ADDRESS		17 L		
STREET ADD ESS CITY-ST-ZIP				ST-ZIP				
14. I hereby condicated the receive	ertify that the information supplied with on this report is true and accurate and er or trustee empowered to execute this	this filling boes not qualify for that my signature shall have the report as required by Chapter MARC	the exemple same er 620, Fi	nption stated in legal effect as lorida Statutes LMCIDA ~ M OMPUTGA A	Sect if ma	Stion 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a General Partner of the limited partnership of the III of the	ľ	

SIGNATURE:

07/14/2001 561-392-4550
Date Daytime Phone #