

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000131

1. Entity Name
FAY INVESTMENTS, LTD.

APPROVED
AND
FILED

02 APR -4 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2101 CORPORATE BLVD.
SUITE 107
BOCA RATON FL 33431

Mailing Address
2101 CORPORATE BLVD.
SUITE 107
BOCA RATON FL 33431



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

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

M & W AGENTS, INC.
2101 CORPORATE BLVD.
SUITE 107
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions as Shown on record. \$20,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,800,000

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 # L01000001261
NAME FAY HOLDINGS, L.L.C.
STREET ADDRESS 2101 CORPORATE BLVD.
CITY-ST-ZIP BOCA RATON FL 33431

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

FF \$526.25

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/1/02 561 998-7847
Date Daytime Phone #

0003360 AV

CR2E003 (9/01)