5/1/2003 5(01-392-4550 Daytime Phone #

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SIAPLE CHECK HERE

DOCUMENT # A9700002400 1. Entity Name UNIWAY COMPUTER ASSOCIATES, LTD.							F11	LED -6 PM	1: 30	2
Principal Place of Business 1515 N. FEDERAL HIGHWAY. STE. 300 BOCA RATON FL 33432				Mailing Address 1515 N. FEDERAL HIGHWAY, STE. 300 BOCA RATON FL 33432			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business				3. Mailing Address			- 	 	01)	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DUE BY MAY 1, 2003			
City & State				City & State			4. FEI Number 65-0795328 Applied For Not Applicable		le l	
Zip Country			1	Zip Co		ıtry	5. Certificate of Status Desired [75 Additional Required	٦
6. Name and Address of Current Regis				tered Agent	· = · · · ·	Name	7. Name and Address of New Registered Agent			
BEFELER, GEORGE ESQ. 80 S.W. 8TH STREET, STE. 3100 MIAMI FL 33130						Ĺ	P.O. Box Number is Not Acceptable)			
						City	,	FL Z	ip Code	7
	named entity tions of regist		or the p	purpose of changing its	register	ed office or register	ed agent, or both, in the State of Florida	. I am familia	ar with, and accep	t
SIGNATURE	Signature, typed	or printed name of registered agen	and title	if applicable.				DATE		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date.						outions 10,000	11. MAKE CHECK PA SEE REVERSE S			7
	A			IS A BUSINESS EN	TITY M	UST BE REGIST	FERED AND ACTIVE WITH THIS O	FFICE.	· · · · · · · · · · · · · · · · · · ·	\neg
NOTE: General Partners MAY NOT be changed on the 12. GENERAL PARTNER INFORMATION						; an amenamen	ADDRESS CHANG			\dashv
DOCUMENT # P9700089567 NAME UNIWAY COMPUTER ASSOCIATES, INC.					STRE	ET ADDRESS				(10/02)
STREET ADDRESS CITY-ST-ZIP	ARAS N. PENERAL LUCKBARAY OTE ANA					-ST-ZIP				FOO3
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14. Thereby certify that the information supplied with this fling 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 leptric as required by Chapter 620, Florida Statutes MANCOD D. DE ALAGIDA SIGNATURE: SIGNATURE:										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Days Days Days Days Days Days Days Days										