

2001 UNIFORM BUSINESS REPORT (UBR)

0020456
SP

DOCUMENT # A00000000190

1. Entity Name

REAL ESTATE AND VALUE INCOME INVESTORS, LP

FILED

01 MAY -2 AM 11:58

Principal Place of Business

Mailing Address

7400 SW 50 TERRACE

18 EAST DI LIDO DRIVE

SUITE 201

MIAMI BEACH FL 33139

MIAMI FL 33155

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIGG, MATTHEW V

18 EAST DI LIDO DRIVE

MIAMI BEACH FL 33139

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.

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$97,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000106153
NAME REAL ESTATE AND VALUE ASSET MANAGEMENT CO.
STREET ADDRESS 7400 SW 50 TERRACE SUITE 201
CITY-ST-ZIP MIAMI FL 33155

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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-05/23/01-01100-004
****526.25 ****526.25

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 #

MATTHEW V. RIGG MATTHEW V. RIGG

4/28/01

305-531-5192

CR2E003 (11/00)