

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007865 AF

DOCUMENT # A00000000295

1. Entity Name

CORWAL, LTD.

FILED  
01 APR -6 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

21301 POWERLINE ROAD, SUITE 312  
BOCA RATON FL 33433

Mailing Address

21301 POWERLINE ROAD, SUITE 312  
BOCA RATON FL 33433

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

65-0995152

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

SHAPIRO, MICHAEL B  
C/O SHAPIRO & DECTOR, P.A.  
7777 GLADES ROAD, SUITE 200  
BOCA RATON FL 33434

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.

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 # P00000015664  
NAME CS WAL REALTY, INC.  
STREET ADDRESS 21301 POWERLINE ROAD, SUITE 312  
CITY-ST-ZIP BOCA RATON FL 33433

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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\*\*\*\*158.75 \*\*\*\*158.75

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: *Steven Levin* [Steven] Levin, President 1/23/01 865-584-4175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)