

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012003 AT

DOCUMENT # A00000000295

1. Entity Name

CORWAL, LTD.

02 APR 17 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

P.O. Box 11229

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

Knoxville, TN

4. FEI Number

65-0995152

Applied For

Not Applicable

Zip

Country

Zip

Country

37939 USA

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.

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

100005327711-8
-04/23/02-01074-003
****158.75 ****158.75

DOCUMENT #
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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:

Steven Levin

Steven Levin, President

3/6/02

865-584-4175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)