2002 UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HERE

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DOCUMENT # A000000755 1. Entity Name					FILED		8
B. SCHWARZ INVESTMENTS, LTD.					O2 JAN 11 PM 4	: 21	=
	·				SECRETARY OF ST TALLAHASSEE, FLO	ATE	
Principal Place of Business Mailing Address					ALLANASSEE, FLO	AUIA	
1880 SOUTH OCEAN DRIVE. #903-W 1880 SOUTH OCEAN DRIVE. #90 HALLANDALE FL 33009 HALLANDALE FL 33009				3-W		HUEL	
INCOMPAGE	16 0003	TIRLENDALE TE 3000					
Principal Place of Business 3. Mailing Address							
2. Fillicipal Flace of Business 3. Maining Address						117 00411 10007 11701 0117 1001	
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2002		
City & State		City & State			4. FEI Number 65- 1/02 09	Applied For Not Applicable	1
Zip	Country	Zip	Cour	ntry		8.75 Additional ee Required	
	6. Name and Address of Current	Registered Agent	<u>-</u>	<u> </u>	7. Name and Address of New Registered A	<u> </u>]
BETTY L. SCHWARZ 1880 SOUTH OCEAN DRIVE, #903-W HALLANDALE FL 33009				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				N.C.			
				City FL Zip Code			1
8. The above	named entity submits this statement fo	r the purpose of changing	its register	ed office or register	red agent, or both, in the State of Florida.	<u> </u>	
SIGNATURE.	•						
9. Capital Co	Signature, typed or printed name of registered agent	and title if applicable. 10. Amount of Ca	nital Contri	butions	11. MAKE CHECK PAYABLE	TO DEPT OF STATE	ł
as Shown o	on record.	in FLORIDA to	date.	263,0	59.00 SEE REVERSE SIDE FOR	FEE INFORMATION	
	A GENERAL PARTNER 1 NOTE: General Partners MA	「HAT IS A BUSINESS ! \Y NOT be changed or	ENTITY Notes that the second in the form	MUST BE REGIS' n; an amendmer	TERĚD AND ACTIVE WITH THIS OFFICE nt must be filed to change a general part	ner.	}
12.	GENERAL PARTNER	RINFORMATION	13.		ADDRESS CHANGES ONL		=
DOCUMENT # NAME	SCHWARZ, BETTY L			EET ADDRESS			96
STREET ADDRESS CITY-ST-ZIP	1880 SOUTH OCEAN DRIVE, #9 HALLANDALE FL 33009	103-W	CITY	r-ST-ZIP			CR2E003 (9/01)
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NAME ;		-	STRI	EET ADDRESS	· ,		
STREET ADDRESS CITY-ST-ZiP	CITY-ST-ZIP CIT			-ST-ZIP			
indicated	ertify that the information supplied with on this report is true and accurate and er or trustee empowered to execute thi	that my signature shall hav	ve the sam	e legal effect as if m	ction 119.07(3)(i), Florida Statutes. I further certif nade under oath; that I am a General Partner of the	y that the information ne limited partnership or	!
a receive	or austee empowered to execute this	oreport as required by Cri	apter bzu,	I IOHUA ƏLALULES	11 95	4	
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PABRICES					1/10/02 454	4035	\
	• SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING GEN	ERAL PABINI	EŊ \	Date Day	time Phone #	1