

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011250 AT

DOCUMENT # A01000000051



1. Entity Name  
VOVA GROUP, LTD.

FILED

03 FEB 21 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
% CINDY S. VOVA  
101 SE 10TH ST.  
FT. LAUDERDALE FL 33316

Mailing Address  
% CINDY S. VOVA  
101 SE 10TH ST.  
FT. LAUDERDALE FL 33316



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-1074549

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VOVA, CINDY S ESQ.  
101 SE 10TH ST.  
FT. LAUDERDALE FL 33316

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as shown on record. \$10,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. 3,000,000

11. MAKE CHECK PAYABLE TO FL. 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 # P01000003801  
NAME VOVA GROUP, INC.  
STREET ADDRESS 517 S.W. 1ST AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

VOVA Group, Inc.

2/10/03 (954) 463-2766

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE