

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003239 AV

DOCUMENT # **A02000000587**

1. Entity Name
ALVARADO INVESTORS LIMITED PARTNERSHIP



FILED

03 APR 30 PM 12:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ALM

Principal Place of Business
**3801 PGA BOULEVARD, SUITE 600
PALM BEACH GARDENS FL 33410**

Mailing Address
**3801 PGA BOULEVARD, SUITE 600
PALM BEACH GARDENS FL 33410**



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

02-0608214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGSERV CORP.
3801 PGA BOULEVARD, SUITE 600
PALM BEACH GARDENS FL 33410**

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.

\$990.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$990.00

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 # **A02000000581**
NAME **ALVARADO MEDICAL EQUITY INVESTORS LIMITED**
STREET ADDRESS **3801 PGA BOULEVARD, SUITE 600**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE OF GENERAL PARTNER OR SIGNING GENERAL PARTNER

Vice President

Date

Daytime Phone #

4/1/03 (561) 630-5255

CR2E003 (10/02)

STAPLE CHECK HERE