

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011733 AT

DOCUMENT # **A02000000773**



1. Entity Name
NORTH 10 CAPITAL ASSOCIATES, LTD.

FILED

2003 JUN 13 PM 3:41

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O NORTH 10 CAPITAL ASSOCIATES, INC.
1601 BELVEDERE ROAD, SUITE 407S
WEST PALM BEACH FL 33406

Mailing Address
ATTN: PAUL MAPES
1601 BELEVEDERE ROAD, SUITE 407S
WEST PALM BEACH FL 33406

2. Principal Place of Business - 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2003

4. FEI Number **03-0460637** 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

NORTH 10 CAPITAL ASSOCIATES, INC.
1601 BELVEDERE ROAD, SUITE 407S
WEST PALM BEACH FL 33406

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

9. Capital Contributions as Shown on record. **\$49,500.00** 10. Amount of Capital Contributions in FLORIDA to date. 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 #	P02000060466	STREET ADDRESS	
NAME	NORTH 10 ASSOCIATES, INC.	CITY-ST-ZIP	300017234743
STREET ADDRESS	1601 BELEVEDERE ROAD, SUITE 407S		06/16/03--01043--004 **88.75
CITY-ST-ZIP	WEST PALM BEACH FL 33406		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	300017234743
STREET ADDRESS			04/29/03--01023--022 **346.50
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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 REQUIRED** *[Signature]* **4/22/03** **561-689-6801**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE