

# 2002 UNIFORM BUSINESS REPORT (UBR)

0006196 AT

**DOCUMENT # A06373**

1. Entity Name

**MUSSALLEM INVESTMENTS, LTD.**

**FILED**

**02 MAR -7 PM 4: 06**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business <b>5801 PHILLIPS HWY. JACKSONVILLE FL 32216</b>	Mailing Address <b>5801 PHILLIPS HWY. JACKSONVILLE FL 32216</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>DUE BY MAY 1, 2002</b>	
4. FEI Number <b>93-6126583</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MUSSALLEM, CHARLES, JR.**  
**5801-PHILLIPS HWY**  
**JACKSONVILLE FL 32216**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$212,292.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>212,292.00</b>	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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**

DOCUMENT #	<b>MUSSALLEM, CHARLES S JR</b>
NAME	<b>5801 PHILLIPS HWY</b>
STREET ADDRESS	<b>JACKSONVILLE FL</b>
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	<b>500005099145--9</b>
CITY-ST-ZIP	<b>-03/13/02--01022--017</b>
STREET ADDRESS	<b>****535.00 ****535.00</b>
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:** \_\_\_\_\_ **2/19/02** **(904) 739-1551**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)