

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

DUE BY MAY 1, 2002	
4. FEI Number 93-6126583	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$212,292.00	10. Amount of Capital Contributions in FLORIDA to date. 212,292.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	MUSSALLEM, CHARLES S JR
NAME	5801 PHILLIPS HWY
STREET ADDRESS	JACKSONVILLE FL
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	500005099145--9
CITY-ST-ZIP	-03/13/02--01022--017
STREET ADDRESS	****535.00 ****535.00
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)