

# 2002 UNIFORM BUSINESS REPORT (UBR)

0003602

DOCUMENT # **A25184**

1. Entity Name

**SVMP, LTD.**

**FILED**  
**May 08, 2002 8:00 A**  
**Secretary of State**

Principal Place of Business

**C/O SVMP, INC.**  
**175 N.E. SPANISH TRAIL**  
**BOCA RATON FL 33432**

Mailing Address

**C/O SVMP, INC.**  
**175 N.E. SPANISH TRAIL**  
**BOCA RATON FL 33432**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0007083**

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

**CURTIS, JUDY**

**2300 CORPORATE BLVD., N.W.**

**#238**

**BOCA RATON FL 33431**

Name

**Magid, Judy**

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 **Judy Magid**

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

**April 12, 2002**

DATE

9. Capital Contributions  
as Shown on record.

**\$1,333,333.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO 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 # **M58408**  
NAME **SVMP, INC.**  
STREET ADDRESS **175 NE SPANISH TRAIL**  
CITY-ST-ZIP **BOCA RATON FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**700005610817--1**  
**-05/24/02--01065--015**  
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**April 12, 2002 (561)395-2228**

Date

Daytime Phone #

CR2E003 (9/01)