

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011768 AT

DOCUMENT # **A30095**

1. Entity Name
VAL-SAL INVESTMENTS, LTD.



FILED

03 APR 21 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**901 NORTHPOINT PARKWAY.
SUITE 301
WEST PALM BEACH FL 33407**

Mailing Address
**901 NORTHPOINT PARKWAY.
SUITE 301
WEST PALM BEACH FL 33407**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number **65-0195147**

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

MURPHY, LAWRENCE E. ESQ.

~~400 EXECUTIVE CENTER DRIVE~~ **11211 PROSPERITY FARMS RD.**

~~SUITE 201~~ **SUITE B 201**

~~WEST PALM BEACH FL 33401~~ **WEST 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.

600016338296
04/21/03--01005--019 **526.25

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$1,884,439.00

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 # **G75558**
NAME **VAL-SAL INV. CO., INC.**
STREET ADDRESS **901 NORTHPOINT PKWY**
CITY-ST-ZIP **WEST PALM BEACH FL**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-8-03

Date

561-687-1600

Daytime Phone #

CR2E003 (10/02)