

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30792**

1. Entity Name

DAVE PLAZA LIMITED PARTNERSHIP

FILED

02 APR -2 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business %KONOVER & ASSOICATES SOUTH, INC. 7000 W. PALMETTO PARK RD., SUITE 408 BOCA RATON FL 33433	Mailing Address %KONOVER & ASSOICATES SOUTH, INC. 7000 W. PALMETTO PARK RD., SUITE 408 BOCA RATON FL 33433
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2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0230928	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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. \$250,000.00	10. Amount of Capital Contributions in FLORIDA to date.	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L82258	STREET ADDRESS	
NAME	KONOVER MOBILE, INC.	CITY-ST-ZIP	
STREET ADDRESS	7000 W. PALMETTO PARK ROAD, SUITE 408		
CITY-ST-ZIP	BOCA RATON FL 33433		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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

Konover Mobile, Inc. its General Partner

By: Kristen Mirrione Treasurer

SIGNATURE: *Kristen Mirrione*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/12/02 561-394-4224
Date Daytime Phone #

0011999 AT

CR2E003 (9/01)

SAMPLE CHECK HERE