

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33475**

1. Entity Name

WAL-LEE INVESTMENTS, LTD.

FILED 5/10
01 APR 27 AM 9:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

8676 GRIFFIN ROAD
FT LAUDERDALE FL 33328

Mailing Address

8676 GRIFFIN ROAD
FT LAUDERDALE FL 33328

2. Principal Place of Business

3. Mailing Address

2751 W. Atlantic Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4

City & State

City & State

Pompano Beach

Zip

Country

Zip

Country

33069

4. FEI Number

65-0352687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERTZ, BRADLEY

8676 GRIFFIN ROAD

FORT LAUDERDALE FL 33328

7. Name and Address of New Registered Agent

Name

James W. Waldman

Street Address (P.O. Box Number is Not Acceptable)

2751 W. Atlantic Blvd., Suite 4

City

Pompano Beach

FL

Zip Code

33069

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

James W. Waldman

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

(N.C.E. Registered Agent signature required when reinstating)

DATE

2/12/01

9. Capital Contributions
as Shown on record.

\$10,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE!
SEE REVERSE SIDE FOR FEE INFORMATION

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 # M60235
NAME HOMECARE MANAGEMENT SERVICES, INC.
STREET ADDRESS 8616 GRIFFIN RD
CITY-ST-ZIP DAVIE FL 33328

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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****141.25 ****141.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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: X

James W. Waldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/12/01 954/975-7374
Date Daytime Phone #

CR2E003 (11/00)