

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020547 SP

**DOCUMENT # A93000000249**

1. Entity Name  
**CHARYK INVESTMENT LIMITED PARTNERSHIP**

**FILED**

Principal Place of Business  
**A302, 790 ANDREWS AVENUE  
DELRAY BEACH FL 33483**

Mailing Address  
**A302, 790 ANDREWS AVENUE  
DELRAY BEACH FL 33483**

**01 MAR 19 AM 7:56**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0397417**  
**65-0260064**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CHARYK, JOSEPH V  
A302, 790 ANDREWS AVENUE  
DELRAY BEACH FL 33483**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$45,000.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>CHARYK, JOSEPH V 790 ANDREWS AVENUE, A302 DELRAY BEACH FL 33483</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>CHARYK, EDWINA R 790 ANDREWS AVENUE, A302 DELRAY BEACH FL 33483</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	<b>600003891106--5 03/21/01--01101--007 ****403.75 ****403.75</b>
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CR2E003 (11/00)

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:** **04/14/01** **561 276-7607**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #