

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000249**

1. Entity Name

**CHARYK INVESTMENT LIMITED PARTNERSHIP**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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



2. Principal Place of Business		3. Mailing Address		<b>DUE BY MAY 1, 2002</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0397417</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>CHARYK, JOSEPH V A302, 790 ANDREWS AVENUE DELRAY BEACH FL 33483</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 <b>\$45,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$45,000.00</b>	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 #	NAME	STREET ADDRESS	
	<b>CHARYK, JOSEPH V</b>		
STREET ADDRESS	<b>790 ANDREWS AVENUE, A302</b>	CITY-ST-ZIP	
	<b>DELRAY BEACH FL 33483</b>		
DOCUMENT #	NAME	STREET ADDRESS	
	<b>CHARYK, EDWINA R</b>		
STREET ADDRESS	<b>790 ANDREWS AVENUE, A302</b>	CITY-ST-ZIP	
	<b>DELRAY BEACH FL 33483</b>		
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 \*\*\*\*403.75 \*\*\*\*403.75

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]* **03/04/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0021068 SP

CR2E003 (9/01)

STAPLE CHECK HERE