

2001 UNIFORM BUSINESS REPORT (UBR)

0002601 AF

DOCUMENT# **A94000000559**

1. Entity Name

FIDELITY PROPERTIES, LTD.

Principal Place of Business

**6665 CRISTINA MARIE DRIVE
ORLANDO FL 32835**

Mailing Address

**6665 CRISTINA MARIE DRIVE
ORLANDO FL 32835**

FILED

01 MAY -2 PM 12:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3237237

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

HWANG, CHARLES

**6665 CRISTINA MARIE DRIVE
ORLANDO FL 32835**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$200,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

200,000.00

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 # **P94000010537**
NAME **GLOBAL ASSOCIATES INTERNATIONAL GROUP, INC**
STREET ADDRESS **6665 CRISTINA MARIE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32835**

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

600004301936--
-05/23/01--01044--024

STREET ADDRESS

CITY-ST-ZIP

******526.25 ****526.25**

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:

CHARLES HWANG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/2001

Date

407-363-6889

Daytime Phone #

CR2E003 (11/00)