

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000559**

1. Entity Name

**FIDELITY PROPERTIES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 SEP 20 AM 10:30



Principal Place of Business  
**6665 CRISTINA MARIE DRIVE  
ORLANDO FL 32835**

Mailing Address  
**6665 CRISTINA MARIE DRIVE  
ORLANDO FL 32835**

2. Principal Place of Business  
**7081 GRAND NATIONAL DR.**

3. Mailing Address  
**P O BOX 3588**

Suite, Apt. #, etc.  
**SUITE 104**

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State  
**ORLANDO FL**

City & State  
**ORLANDO, FL**

4. FEI Number  
**59-3237237**

Applied For

Not Applicable

Zip  
**32819**

Country

Zip  
**32802-3588**

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**

*changed address only*

Name  
**HWANG, Charles**

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

**7081 GRAND NATIONAL DR., SUITE 104**

City  
**ORLANDO**

**FL**

Zip Code  
**32819**

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]*

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

**8/30/2002**

9. Capital Contributions as Shown on record. **\$200,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$850**

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

**A GENERAL PARTNER THAT ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be a limited partner; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

ADDRESS CHANGES ONLY

DOCUMENT #	<b>P94000010537</b>
NAME	<b>GLOBAL ASSOCIATES INTERNATIONAL GROUP, INC</b>
STREET ADDRESS	<b>6665 CRISTINA MARIE DRIVE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	<b>500007987565--9</b>
CITY-ST-ZIP	<b>-09/24/02--01044--034</b>
	<b>*****141.25 *****141.25</b>
STREET ADDRESS	<b>7081 GRAND NATIONAL DR., SUITE 104</b>
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>
STREET ADDRESS	<b>FF \$148.25</b>
CITY-ST-ZIP	
STREET ADDRESS	<i>[Signature]</i>
CITY-ST-ZIP	<b>9/20</b>
STREET ADDRESS	<b>500007987565--9</b>
CITY-ST-ZIP	<b>-09/24/02--01044--035</b>
	<b>*****7.00 *****7.00</b>
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: **SIGNATURE OF CHARLES HWANG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/5/2002 407-363-6889**

Date

Daytime Phone #

CR2E003 (9/01)