

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000406**

1. Entity Name  
**MEGA CAP FUND, LTD.**

FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -7 AM 9:45

Principal Place of Business  
**6096 NW 30TH WAY  
BOCA RATON FL 33496**

Mailing Address  
**6096 NW 30TH WAY  
BOCA RATON FL 33496-3304**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0567301**

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

**LICHEN, GERALD M  
6096 NW 30TH WAY  
BOCA RATON FL 33496**

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. **\$3,908,212.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**LICHEN, GERALD M  
320 ARIZONA ST.  
HOLLYWOOD FL 33019**

STREET ADDRESS  
CITY - ST - ZIP  
**6096 NW 30 WAY  
BOCA RATON FL 33496**

DOCUMENT #  
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STREET ADDRESS  
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STREET ADDRESS  
CITY - ST - ZIP  
**7000003136527--6  
-02/15/00--01119--025  
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2-4-00**

**561-988-9955**  
Date Daytime Phone #

CR2E003 (9/99)