

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0012289  
AT

DOCUMENT # **A95000001670**

1. Entity Name

**DOWNTOWN CAPITAL, LTD.**

02 APR 25 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**2105 LAVERS CIRCLE, APT. 200  
DELRAY BEACH FL 33444**

Mailing Address

**2105 LAVERS CIRCLE, APT. 200  
DELRAY BEACH FL 33444**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

Zip

Country

Zip

Country

4. FEI Number

**65-0617370**

Applied For

Not Applicable

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

**GAETAN, MORIN  
7105 VIA FIRENZE  
BOCA RATON FL 33433**

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

*F. Vallet*

**FRANÇOIS VALLET**

**4/2/02**

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

DATE

9. Capital Contributions  
as Shown on record.

**\$2,683,416.00**

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 # **P95000084141**  
NAME **DOWN CAPITAL, INC.**  
STREET ADDRESS **2105 LAVERS CIRCLE, APT. 200**  
CITY-ST-ZIP **DELRAY BEACH FL 33444**

STREET ADDRESS

CITY-ST-ZIP

**8000005451368-6**  
**05/03/02 01104-020**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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CITY-ST-ZIP

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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:

*F. Vallet*

**FRANÇOIS VALLET**

**4/2/02**

**561-543-2262**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)