

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001914**

1. Entity Name
GBV INTERNATIONAL, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 AM 10:40

Principal Place of Business
**998 N.W. 9TH COURT
BOCA RATON FL 33486**

Mailing Address
**998 N.W. 9TH COURT
BOCA RATON FL 33486-2214**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0699725		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
PATEL, ASHOK M.D. 998 NW 9TH COURT BOCA RATON FL 33486				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. \$384,616.00	10. Amount of Capital Contributions in FLORIDA to date. 384,616.00	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 #	PATEL, ASHOK M.D. 998 N.W. 9TH COURT BOCA RATON FL 33486	STREET ADDRESS	800003169438--5
NAME		CITY - ST - ZIP	-03/14/00--01102--015 ****526.25 ****526.25
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		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

Ashok Patel, M.D.
SIGNATURE: X **SIGNATURE** *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date **2/9/2000** Daytime Phone # **561-268-0225**

paid on 2/23/2000 by check NO: 1168 \$ 526.25

CR2E003 (9/99)