

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000544**

1. Entity Name

A WALL STREET FUND, L.T.D.

Principal Place of Business

**3921 N.W. 4TH COURT
DEERFIELD BEACH FL 33442**

Mailing Address

**3921 N.W. 4TH COURT
DEERFIELD BEACH FL 33442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 NOV -2 PM 12:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DUE BY SEPTEMBER 26, 2001

4. FEI Number **65-0728389**

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

**BUCKLEY, THOMAS G JR.
3921 N.W. 4TH COURT
DEERFIELD BEACH FL 33442**

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

8-12-01

9. Capital Contributions
as Shown on record

\$3,000.00

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 # **M88921**
NAME **ASSOCIATED BROKERS & CONSULTANTS, INC.**
STREET ADDRESS **3921 N.W. 4TH COURT**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

STREET ADDRESS

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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 REQUIRED

8-12-01 858 277 593

Date

Daytime Phone #

0001410 AT

CR2E003 (5/01)

STAPLE CHECK HERE