

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # **A97000000544**

1. Entity Name

A WALL STREET FUND, LTD.

02 MAR -4 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~1250 W. Hillsboro Blvd.~~
DEERFIELD BEACH FL ~~33441~~

Mailing Address
~~1250 W. Hillsboro Blvd.~~
DEERFIELD BEACH FL ~~33441~~



2. Principal Place of Business
10975 Promesa Dr.

3. Mailing Address
10975 Promesa Dr.

DUE BY MAY 1, 2002

City & State
San Diego, CA

City & State
San Diego, CA

Zip
92124

Zip
92124

Country

Country

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

BUCKLEY, THOMAS G JR.
102 N.W. 11TH COURT
DEERFIELD BEACH FL 33442
1250 W. Hillsboro Blvd.
Deerfield Beach FL 33441

7. Name and Address of New Registered Agent

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 _____ DATE _____

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

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	STREET ADDRESS	
NAME	ASSOCIATED BROKERS & CONSULTANTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	1250 W. Hillsboro Blvd.		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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

SIGNATURE: [Signature] 1-16-02 858 277 5931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)