

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000784

1. Entity Name
REVACHA, LTD.



Principal Place of Business
ATTENTION: ORIT
1755 N.E. 164TH STREET, 2ND FLOOR
NORTH MIAMI BEACH, FL 33162

Mailing Address
ATTENTION: ORIT
1755 N.E. 164TH STREET, 2ND FLOOR
NORTH MIAMI BEACH, FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DUE BY MAY 1, 2003

4. FEI Number
65-0753550

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

GALBUT, HOWARD
999 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record. \$10,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL 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 # P97000026990
NAME REVACHA CORP.
STREET ADDRESS 3511 WEST COMMERCIAL BLVD., SUITE 307
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

STREET ADDRESS 1755 NE 164th ST, OFFICE
CITY-ST-ZIP N. MIAMI BEACH, FL 33162

DOCUMENT #
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

800018942058
05/14/03 01044 002 **1050.00

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800018942058
07/07/03 01081 007 **26.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Hillel Boonstein 4/30/03 305 945 4676

STAPLE CHECK HERE

CP2E003 (10/02)