

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001629

1. Entity Name  
CAV EQUITY PARTNERS, LTD.



FILED

03 JAN 15 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MUN

Principal Place of Business  
1212 SOUTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33316-1886

Mailing Address  
1212 SOUTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33316-1886

2. Principal Place of Business

PO BOX 758505

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 758505

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State  
CORAL SPRINGS FL

City & State  
CORAL SPRINGS FL

4. FEI Number 65-0770766

Applied For

Not Applicable

Zip  
33075-8505

Country  
USA

Zip  
33075-8505

Country  
USA

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEVER, MICHAEL S  
1212 SOUTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33316-1886

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

SIGNATURE *Michael S. Lever*

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

DATE

9. Capital Contributions  
as Shown on record.

\$20,000.00

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

DOCUMENT # P97000064216  
NAME CAV EQUITY PARTNERS, INC.  
STREET ADDRESS 1212 SOUTH ANDREWS AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33316-1886

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

000010126990  
01/15/03--01046--014 \*\*237.50

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:

*Michael S. Lever*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/9/03

9546293651

Date

Daytime Phone #

CR2E003 (10/02)

0011271 AT