

2002 UNIFORM BUSINESS REPORT (UBR)

0000029 AT

DOCUMENT # **A97000001737**

1. Entity Name

NEWALL ASSISTED LIVING, LTD.

Principal Place of Business

**5500 N.W. 69TH AVENUE
LAUDERHILL FL 33319**

Mailing Address

**5500 N.W. 69TH AVENUE
LAUDERHILL FL 33319**

FILED
02 SEP 24 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 25, 2002

4. FEI Number **65-0810302**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**M & W AGENTS, INC.
2101 CORPORATE BLVD., STE. 216
BOCA RATON FL 33431-7343**

Name

BRUCE B. LITWER

Street Address (P.O. Box Number is Not Acceptable)

5500 NW 69 AVE

City

LAUDERHILL

FL

Zip Code
33319

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.

BRUCE B. LITWER

September 19, 2002

DATE

9. Capital Contributions
as Shown on record.

\$60,100.00

10. Amount of Capital Contributions
in FLORIDA to date.

Same

**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 # **P97000036673**
NAME **ASLIV, INC.**
STREET ADDRESS **5500 N.W. 69TH AVENUE**
CITY-ST-ZIP **LAUDERHILL FL 33319**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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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

BRUCE B. LITWER, Vice Pres.

SIGNATURE:

SIGNATURE REQUIRED
ASLIV, INC.

954-572-2112

9/19/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/02)