

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001852**

1. Entity Name  
**GALLOWAYS INVESTMENTS, LTD.**



APPROVED  
AND  
FILED

03 JAN 27 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**8746 S.W. 12TH STREET  
MIAMI FL 33174**

Mailing Address  
**8746 S.W. 12TH STREET  
MIAMI FL 33174**



2. Principal Place of Business

3. Mailing Address  
**8746 S.W. 12 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**OFFICE**

City & State

City & State  
**MIAMI FL**

**DUE BY MAY 1, 2003**

4. FEI Number **59-1319320**

Applied For  
Not Applicable

Zip

Country

Zip

**33174**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GAM, DAVID  
8746 S.W. 12TH STREET -OFFICE  
MIAMI FL 33174**

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

DATE

9. Capital Contributions  
as Shown on record. **\$2,500,000.00**

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.** **#526.25**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000067853**  
NAME **GALLOWAYS INVESTMENTS, INC.**  
STREET ADDRESS **8746 S.W. 12TH STREET**  
CITY-ST-ZIP **MIAMI FL 33174**

STREET ADDRESS

CITY-ST-ZIP

**800010972548**  
**01/28/03--01009--025 \*\*526.25**

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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/22/03**

Date

**305-223-6744**

Daytime Phone #

0010866  
AT

CR2E003 (10/02)