

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012890 AT

DOCUMENT # A97000002163

1. Entity Name  
VALK FAMILY, LTD.



FILED  
03 MAR 31 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1049 W. PALMETTO PARK RD.  
BOCA RATON FL 33486

Mailing Address  
1049 W. PALMETTO PARK RD.  
BOCA RATON FL 33486



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0813478

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

BELSON, STEVEN A ESQ.  
2000 GLADES ROAD, SUITE 306  
NATIONSBANK BLDG.  
BOCA RATON FL 33431

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.

\$1,800,000.00

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 #  
NAME VALK, TIMOTHY W  
STREET ADDRESS 1049 W. PALMETTO PARK RD.  
CITY-ST-ZIP BOCA RATON FL 33486

STREET ADDRESS

CITY-ST-ZIP

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000014954230  
04/01/03 01003 017 \*\*526.25

*Handwritten signature*

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: *Handwritten signature* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

X 3/1/02

Date

X 561 955274

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE