

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002400
 1. Entity Name
UNIWAY COMPUTER ASSOCIATES, LTD.

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 FEB 24 AM 9:47

Principal Place of Business
 3231 LAKESHORE DRIVE
 DEERFIELD BEACH FL 33432

Mailing Address
 1515 N. FEDERAL HWY SUITE 300
 BOCA RATON FL 33432-1994



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0795328**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BEFELER, GEORGE ESQ.
100 SOUTHEAST 2ND STREET, 37TH FLOOR
MIAMI FL 33131

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. Amount of Capital Contributions in FLORIDA to date. **10,000**

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P97000089567 UNIWAY COMPUTER ASSOCIATES, INC. 3231 LAKE SHORE DRIVE DEERFIELD BEACH FL 33442
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	500003162275--1 -03708700--01060--008 ***158.75 ***158.75
STREET ADDRESS CITY - ST - ZIP	<i>2/3/2000</i>
STREET ADDRESS CITY - ST - ZIP	
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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]* **SIGNATURE REQUIRED** *Munoz*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **02/20/2000** Daytime Phone #: **954-675-1383**

CR2E003 (9/99)