

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013806 AT

DOCUMENT # A97000002594

1. Entity Name
MAIWA INVESTMENTS LTD.



FILED

2003 APR 21 PM 1:48

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
WALTER SKLAR
288 BEACH DRIVE NE APT 8C
ST. PETERSBURG FL 33701

Mailing Address
WALTER SKLAR
288 BEACH DRIVE NE APT 8C
ST. PETERSBURG FL 33701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-0901524

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

SKLAR, WALTER
WALTER SKLAR
288 BEACH DRIVE NE APT 8C
ST. PETERSBURG FL 33701

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

3-19-03

DATE

9. Capital Contributions
as Shown on record. \$862,156.00

10. Amount of Capital Contributions
in FLORIDA to date. \$872,472

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 SKLAR, WALTER
STREET ADDRESS 288 BEACH DR., APT. 8C
CITY-ST-ZIP ST. PETERSBURG FL 33701

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME SKLAR, MANA MAIDA
STREET ADDRESS 288 BEACH DR., APT. 8C
CITY-ST-ZIP ST. PETERSBURG FL 33701

STREET ADDRESS

CITY-ST-ZIP

500016399425
04/21/03 01063 019 **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

3-19-03 (727) 894-9660

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE