

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000475**

1. Entity Name

CHULA VISTA MEDICAL PLAZA EQUITY INVESTORS, LTD.

Principal Place of Business
222 LAKEVIEW AVE., 17TH FL
WEST PALM BEACH FL 33401

Mailing Address
222 LAKEVIEW AVE., 17TH FL
WEST PALM BEACH FL 33401-6150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0820930**

Applied For
Not Applicable

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

REGSERV CORP.
222 LAKEVIEW AVE., 17TH FL
WEST PALM BEACH FL 33401

Name

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

City

FL

Zip Code

8. The above Regserv Corp.

changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

By:

Mark Nussbaum, Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

9. Capital Contributions as Shown on record.

\$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # **P98000016860**
NAME **CHULA VISTA MEDICAL PLAZA EQUITY CORP.**
STREET ADDRESS **222 LAKEVIEW AVE., 17TH FL**
CITY - ST - ZIP **WEST PALM BEACH FL**

STREET ADDRESS

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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 TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Patrick J. DiSalvo
Vice President

4/27/00 (561) 655-9008
Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -1 PM 12:06



DO NOT WRITE IN THIS SPACE