

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001498

1. Entity Name
MVC ASSOCIATES INTERNATIONAL LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 AM 10:02

Principal Place of Business
11902 MIDDLEBURY DR
TAMPA FL 33626

Mailing Address
3001 N ROCKY POINT DRIVE EAST SUITE 200
TAMPA FL 33607-5806



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-3517047**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City, **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Capital Contributions as Shown on record. **\$990.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$ 990.00**

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.

2. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # ME STREET ADDRESS TY - ST - ZIP	P98000044782 MVC MANAGEMENT CORP. 3001 N. ROCKY POINT DRIVE EAST, SUITE 200 TAMPA FL 33607	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # ME STREET ADDRESS TY - ST - ZIP		STREET ADDRESS	179287-3
		CITY - ST - ZIP	-03/22/00--01025--004 ****141.25 ****141.25
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		CITY - ST - ZIP	

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: **RECEIVED** **03/03/2000** **(813) 891-6644**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)