

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001498

1. Entity Name

MVC ASSOCIATES INTERNATIONAL LTD.

Principal Place of Business

11902 MIDDLEBURY DR
TAMPA FL 33626

Mailing Address

PMB 2034
3001 N. ROCKY POINT DR. EAST. STE. #200
TAMPA FL 33607

2. Principal Place of Business

9105 Crystal Commons Way

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip
33626

Country

Zip

Country

4. FEI Number

59-3517047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

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

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

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

DATE

9. 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.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P98000044782
NAME MVC MANAGEMENT CORP.
STREET ADDRESS PMB 2034, 3001 N. ROCKY PT. DR. EAST, #200
CITY-ST-ZIP TAMPA FL 33607

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100005313531--4
-04/22/02-01070-023
****141.25 ****141.25

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03/19/02 813-891-6644
Date Daytime Phone #

APPROVED
AND
FILED

02 APR 17 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



000493
AV

CR2E003 (9/01)