

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004653
AV

DOCUMENT # **A98000001498**

1. Entity Name
MVC ASSOCIATES INTERNATIONAL LTD.



FILED

03 MAR 20 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**9105 CRYSTAL COMMONS WAY
TAMPA FL 33628**

Mailing Address
**PMB 2034
3001 N. ROCKY POINT DR. EAST, STE. #200
TAMPA FL 33607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

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

7. Name and Address of New Registered Agent

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

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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

03/14/03 920-9123

Date Daytime Phone #

CR2E003 (10/02)

STATE OF FLORIDA