## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 14, 2000 08:00 AM DOCUMENT # **A9900000764** 1. Entity Name **Secretary of State** THE MELYOL SPENCER FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address : 2300 N.W. 53RD STREET 2300 N.W. 53RD STREET BOCA RATON FL BOCA RATON FL 33496 33496 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0920325 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 1665 PALM BEACH LAKES BLVD., SUITE 600 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH $\mathbf{FL}$ 33401 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. 02/14/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE\_Registered Agent signature required when reinstating) 9. Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATES 10. Amount of Capital Contributions as Shown on record. 2,156,967.40 in FLORIDA to date. 2,156,967.40 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS VALAF MELYOL, INC. STREET ADDRESS 2300 N.W. 53RD STREET CITY-ST-ZIP CITY-ST-7IP BOCA RATON $\mathbf{FL}$ 33496 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS VAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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

**FILED**