

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001441**

1. Entity Name

GLOBAL LAL LIMITED PARTNERSHIP

FILED

02 JAN 16 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~8024~~ **8028** PLANTATION LAKES DRIVE
PORT ST. LUCIE FL 34986

Mailing Address

8028 ~~8024~~ PLANTATION LAKES DRIVE
PORT ST. LUCIE FL 34986

2. Principal Place of Business

8028 Plantation Lakes Dr.

3. Mailing Address

8028 Plantation Lakes Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

City & State

same

4. FEI Number

65-0948497

Applied For

Not Applicable

Zip

34986

Country

USA

Zip

same

Country

same

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

**GOYAL, ANIL K
8024 PLANTATION LAKES DRIVE
PORT ST. LUCIE FL 34986**

7. Name and Address of New Registered Agent

Name

(same)

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

8028 Plantation Lakes Drive

City

Port St. Lucie

FL

Zip Code

34986

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.

\$200,010.00

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

DOCUMENT #
NAME **GOYAL, ANIL K**
STREET ADDRESS **8024 PLANTATION LAKES DRIVE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **8028 Plantation Lakes Drive**
CITY-ST-ZIP **Port St. Lucie, FL 34986**

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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 GOYAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/14/02 561-467-1366

FILED

FILED

STAPLE CHECK HERE