

2002 UNIFORM BUSINESS REPORT (UBR)

0012804 AT

DOCUMENT # B00000000126

1. Entity Name
BOCAVAIL, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 29 AM 10:13

Principal Place of Business
1515 S. FEDERAL HIGHWAY, SUITE 302
BOCA RATON FL 33432

Mailing Address
11830 ISLAND LAKES LANE
BOCA RATON FL 33498



2. Principal Place of Business
551 SE 8TH ST
Suite, Apt. #, etc.
SUITE 600

3. Mailing Address
551 SE 8TH ST
Suite, Apt. #, etc.
SUITE 600

City & State
DELRAY BEACH FL

City & State
DELRAY BEACH FL

Zip
33483

Country
US

Zip
33483

Country
US

DUE BY MAY 1, 2002
65-0967623
APPLIED FOR

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MTS TELECOMMUNICATIONS, INC.
551 S.E. 8TH STREET, #600
DELRAY BEACH FL 33483

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. \$90,000.00

10. Amount of Capital Contributions
in FLORIDA to date. 60,000

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SALDANHA, STEPHEN A
551 S.E. 8TH STREET, #600
DELRAY BEACH FL 33483

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

F00000002172
MTS TELECOMMUNICATIONS, INC.
1515 S. FEDERAL HIGHWAY, SUITE 302
BOCA RATON FL 33432

STREET ADDRESS
CITY-ST-ZIP

551 SE 8TH ST, SUITE 600
DELRAY BEACH, FL 33483

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

600004880046--4
-02/05/02--01036--006
****508.75 ****508.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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 626, Florida Statutes

SIGNATURE: *Marco Saldanha*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-10-02 561-266-8438
Date Daytime Phone #

CR2E003 (9/01)