

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0018298
AB

DOCUMENT # B01000000175

1. Entity Name
NVCP, LIMITED PARTNERSHIP

02 APR 25 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
505 FARMINGTON AVENUE
HARTFORD CT 06105

Mailing Address
505 FARMINGTON AVENUE
HARTFORD CT 06105



2. Principal Place of Business
10165 NW 19 STREET

3. Mailing Address
10165 NW 19 STREET

Suite, Apt. #, etc.

City & State MIAMI

Zip 33172 Country

DUE BY MAY 1, 2002

4. FEI Number
06-1490114

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EASTON, EDWARD
10165 NW 19TH STREET, EASTON & ASSOC.
MIAMI FL 33172

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. \$3,000,000.00

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 # F01000002683
NAME PERFITO MANAGEMENT, INC.
STREET ADDRESS 43 CHEPACHET ROAD
CITY-ST-ZIP AVON CT 06001

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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****535.00 ****535.00

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 of Edward W. Easton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

APR 2 - 2002

305 593-2222

Date

Daytime Phone #

CR2E003 (9/01)