

# 2002 UNIFORM BUSINESS REPORT (UBR)

0020783 SP

**DOCUMENT # B01000000410**

1. Entity Name  
**ST. ALBANS FINANCIAL COMPANY LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB 11 PM 2:03



Principal Place of Business <b>628 GREENHILL 1001 CITY AVE. C/O J. YAMPOLSKY ED WYNWOOD PA 19096</b>	Mailing Address <b>628 GREENHILL 1001 CITY AVE. C/O J. YAMPOLSKY ED WYNWOOD PA 19096</b>
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2. Principal Place of Business <b>90 J. YAMPOLSKY</b>	3. Mailing Address <b>90 J. YAMPOLSKY</b>
Suite, Apt. #, etc. <b>ED 628 GREENHILL</b>	Suite, Apt. #, etc. <b>ED 628 GREENHILL</b>
City & State <b>1001 CITY AVE WYNWOOD PA</b>	City & State <b>1001 CITY AVE WYNWOOD PA</b>
Zip <b>19096</b>	Country <b>USA</b>

**DUE BY MAY 1, 2002**

4. FEI Number <b>23-2012560</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MUNROE, W. BRADLEY  
239 EAST VIRGINIA STREET  
TALLAHASSEE FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$9,800.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>9800.00</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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. 15735**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	<b>MAJA MANAGEMENT CORP</b>
NAME	<b>1001 CITY AVE.</b>
STREET ADDRESS	<b>WYNNEWOOD PA 19096</b>
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	<b>90 JACK YAMPOLSKY ED 628 GREENHILL 1001 CITY AVE</b>
CITY-ST-ZIP	<b>WYNNEWOOD PA 19096</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>100004925301--5</b>
CITY-ST-ZIP	<b>02/14/02--01038--011</b>
STREET ADDRESS	<b>****157.35 ****157.35</b>
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 620, Florida Statutes

**SIGNATURE: ST. ALBANS FINANCIAL COMPANY, BY MAJA MANAGEMENT CORP, ITS GEN'L PTR**

**SIGNATURE: [Signature] PRES**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER **JACK YAMPOLSKY** Date **1/14/02** Daytime Phone **484-4800**

CR2E003 (9/01)