

2002 UNIFORM BUSINESS REPORT (UBR)

0018130 AT

DOCUMENT # B98000000466

1. Entity Name

MAITLAND EXECUTIVE SUITES, LTD.

FILED
02 MAR 19 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

425 WEST BROADWAY, SUITE 400
GLENDALE CA 91204-1269

425 WEST BROADWAY, SUITE 400
GLENDALE CA 91204-1269

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

95-4694172

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWERY, MICHAEL C
1515 SOUTH ORLANDO AVENUE
MAITLAND FL 32751

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.

\$30,000.00

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 # F98000004130
NAME BUS COMP SAFETY ASSOCIATION, INC.
STREET ADDRESS 425 WEST BROADWAY, SUITE 400
CITY-ST-ZIP GLENDALE CA 91204-1269

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

AR-210.00
88.75 BK

FX 210.00

800005171078--0
-03/27/02--01016--017
****298.75 ****298.75

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

Lawrence J. Kalior

2/20/02 818-246-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE