2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B9900000402									WI	
1. Entity Nam M/W VEF						1	FILED SECRETARY OF ST VISION OF CORPOR		5/20	
Principal Place of Business Mailing Address 1800 BERING. SUFFE 1010 1800 BERING. SUITE 1010 HOUSTON TX 77057 HOUSTON TX 77057						0	2 MAY -2 AM S): L ([
2. Principal P	3. Mailing Address	ng Address -			1					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DUE BY MAY 1, 2002			
City & Stat	е		City & State			4. FEI Number	76-0578141	-	Applied For Not Applicable	
Zip Country		Zip	Country		5. Certificate of	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered Agent	=		7Name and	Address of New Registe	red Agent		
					Name	John C.	West			
	•	T ESQUIRE TIT & EIDSON, P.A.					P.O. Box Number is Not Acceptable) 581 Jupiter Park Drive			
777, S. FL	AGLER DRI	VE, SUITE 900, EAST	•							
WEST PA	LM BEACH	FL 33401			City	Jupiter		FL Zip	33458	
8. The above	named enti	submits his statement fo	r the purpose of changing its	register	ed office or reg	sistered agent, or both	n, in the State of Florida.	_		
SIGNATURE .	Signature, ped	or printed name of registered agent	and title if applicable.		-		4-2	<u>d-0</u>	Z	
9. Capital Contributions as Shown of record. \$2,000.00			10. Amount of Capital Contributions in FLORIDA to date.			0.00	11. MAKE CHECK PAY SEE REVERSE SID			
,	AC	ENERAL PARTNER T	HAT IS A BUSINESS EN	ITITY N	IUST BE REC	GISTERED AND A	CTIVE WITH THIS OF	FICE.		
12.	NOTE	GENERAL PARTNER	Y NOT be changed on t	13.		ment must be met	ADDRESS CHANGES			
DOCUMENT #	F99000005683 MAGI INTERNATIONAL DEVELOR		THE CHIVATION .			***	ADDITION OF ARGEC	CIACI		
NAME			MENT CORPORATION	STR	EET ADDRESS				9	
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14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Sec. 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 more 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: Countries of Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes Countries of Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes Countries of Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes Countries of Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes Countries of Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes										