

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90654 014 ***150.00

0247515 AV

DOCUMENT # 512683

1. Entity Name
SUGARMAN ASSOCIATES, INC.

Principal Place of Business

800 DOUGLAS RD
STE 160
CORAL GABLES FL 33134

Mailing Address

800 DOUGLAS RD
STE 160
CORAL GABLES FL 33134

80063487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

800 Douglas Rd
Suite, Apt. #, etc.
Suite 189

3. Mailing Address

1172 South Dixie Highway
Suite, Apt. #, etc.
559

City & State

Coral Gables, Fla

City & State

Coral Gables, Fla

4. FEI Number

59-1687016

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33146

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUGARMAN, JOSEPH
800 DOUGLAS RD, STE 461
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

520 Brickell Key Drive

Miami, Florida

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 **Joseph Sugarman**

Signature, typed or printed name of registered agent and title if applicable.

Joseph Sugarman

NOTE: Registered Agent signature required when reinstating)

3-29-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
NAME **SUGARMAN, JOSEPH**
STREET ADDRESS **520 BRICKELL KEY DR. A1014**
CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☐ Delete
NAME **SUGARMAN, STEPHEN**
STREET ADDRESS **4965 HAMMOCK LAKE DR.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Stephen Sugarman

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02

Date

305-446-4174

Daytime Phone #

CR2E034 (9/01)