

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A01000000923

1. Entity Name

**STUTZ FAMILY LIMITED PARTNERSHIP, LLLP**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

c/o Barry A. Nelson

Suite, Apt. #, etc.

2775 Sunny Isles Blvd, Ste. 118

City & State

North Miami Beach, Florida

Zip  
33160

Country  
USA

3. Mailing Address

c/o Barry A. Nelson

Suite, Apt. #, etc.

2775 Sunny Isles Blvd., Ste. 118

City & State

North Miami Beach, Florida

Zip  
33160

Country  
USA

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

4. FEI Number

65-1120248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Barry A. Nelson, Esq., c/o Nelson & Levine, P.A.

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

2775 Sunny Isles Boulevard

Suite 118

City

North Miami Beach,

**FL**

Zip Code  
33160

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. 2,000,000

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 #

P01000041161

NAME

Stutz Family Holdings, Inc.

STREET ADDRESS

c/o Barry A. Nelson, Esq.

CITY- ST- ZIP

2775 Sunny Isles Blvd., Ste. 118

North Miami Beach, FL-33160

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**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Signature Number #

FILED

02 FEB 19 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E003B (12/01)

STAPLE CHECK HERE