

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010856 AT

DOCUMENT # **A02474**

1. Entity Name
3835 ASSOCIATES, LTD.



FILED

03 MAY 22 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**TRANSATLANTIC BANK SUITE 206
12700 BISCAYNE BLVD.
NORTH MIAMI FL 33181**

Mailing Address
**TRANSATLANTIC BANK SUITE 206
12700 BISCAYNE BLVD.
NORTH MIAMI FL 33181**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1497981**

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

**GROSSMAN, ROBERT D
1000 QUAYSIDE TERRACE #1705
MIAMI FL 33138**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$46,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**GROSSMAN, ROBERT D SR.
1000 QUAYSIDE, UNIT 1705
MIAMI FL 33138**

STREET ADDRESS

CITY-ST-ZIP

**500016678025
04/22/03--01071--016 **150.00**

DOCUMENT #
NAME
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**500016678025
05/22/03--01066--003 **264.25**

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-15-03

705 895 7600

Date

Daytime Phone #

CR2E003 (10/02)