

2000 UNIFORM BUSINESS REPORT (UBR)

0004(14) A

DOCUMENT # A05624

1. Entity Name
STUZIN ASSOCIATES, LIMITED

FILED
00 JAN 10 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
550 BILTMORE WAY
SUITE 700
CORAL GABLES FL 33134

Mailing Address
550 BILTMORE WAY
SUITE 700
CORAL GABLES FL 33134-5779

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **59-1843484**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
STUZIN, CHARLES B.
550 BILTMORE WAY-SUITE 700
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$6,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	STUZIN, CHARLES B.	STREET ADDRESS	
NAME	550 BILTMORE WAY, SUITE 700	CITY - ST - ZIP	
STREET ADDRESS	CORAL GABLES FL 33134		
CITY - ST - ZIP			
DOCUMENT #	STUZIN, JAMES M.	STREET ADDRESS	600003096766--3
NAME	550 BILTMORE WAY, SUITE 700	CITY - ST - ZIP	-01/12/00--01099--019
STREET ADDRESS	CORAL GABLES FL 33134		****141.25 ****141.25
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
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:  **ADDITIONAL REQUIRED** **1/5/2000** **(305) 774-0454**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CHARLES B. STUZIN, GENERAL PARTNER