

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A08931

1. Entity Name
SUNSIDE ASSOCIATES, LTD.

Principal Place of Business
% HAROLD GREENBERG. ESQ.
600 THIRD AVE., 31ST FLOOR
NEW YORK NY 10016

Mailing Address
% HAROLD GREENBERG. ESQ.
600 THIRD AVE., 31ST FLOOR
NEW YORK NY 10016-2001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05




DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **58-1435077** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**SMITH, HARRY B ESQ.
RUDEN BARNETT MCCLOSKEY SMITH SCHUSTER ETAL
701 BRICKELL AVE., SUITE 1900
MIAMI FL 33131**

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. **\$100.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	KUTNER, STEPHEN 35 SAGE TERRACE SCARSDALE NY
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	700003256927--2 -05/18/00--01025--013 ****141.25 ****141.25
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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: *Stephen Kutner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/17/00 *212-899-5290*
Date Daytime Phone #

CRE003 (9/99)