

# 2002 UNIFORM BUSINESS REPORT (UBR)

00033003 AV

DOCUMENT # **A27703**

1. Entity Name

**PH PARTNERS LTD.**

**FILED**

**02 APR 18 PM 2:55**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

C/O ALAN B. WEISMAN  
55 EAST 59TH STREET, 11TH FLOOR  
NEW YORK NY 10022

Mailing Address

C/O SEVELL & DUNGAN Realty Partners, Inc.  
2295 CORPORATE BLVD., NW, SUITE 131  
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

**Sevell Realty Partners, Inc.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**2295 Corporate Blvd NW, Ste # 131**

City & State

City & State

**Boca Raton, FL**

Zip

Country

Zip

**33431**

Country

**Valon Beach**

**DUE BY MAY 1, 2002**

4. FEI Number

**13-2975089**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SEVELL REALTY PARTNERS INC.**  
**2295 NW CORPORATE BLVD., SUITE 125**  
**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

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

**Suite # 131**

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

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

DATE

9. Capital Contributions as Shown on record.

**\$125,000.00**

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>WEISMAN, ALAN B.</b>	<b>930 PARK AVENUE</b>	<b>NEW YORK NY</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>LICHTENSTEIN, MICHAEL</b>	<b>2350 N.E. 48TH COURT</b>	<b>LIGHTHOUSE POINT FL</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>IFSHIN, STEPHEN</b>	<b>420 WEST END AVENUE</b>	<b>NEW YORK NY</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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**-04/26/02--01004--008**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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

**1-28-02**

Date

Daytime Phone #

CR2E003 (9/01)