

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000629**

1. Entity Name

WSNS PARTNERSHIP, LTD.

FILED

02 MAR 26 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**C/O STEVE LAPIDUS
1221 BRICKELL AVENUE, SUITE 2100
MIAMI FL 33131**

Mailing Address

**% NEIL SCHUSTER
3050 BISCAYNE BLVD., SUITE 600
MIAMI FL 33137**

2. Principal Place of Business

3. Mailing Address

1800 SUNSET Harbor Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2403

City & State

City & State

MIAMI Beach, FL

Zip

Country

Zip

Country

33139

4. FEI Number

65-0574052

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

LAPIDUS, STEVEN B

**1221 BRICKELL AVENUE, SUITE 2100
MIAMI FL 33131**

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

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

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**SCHUSTER, WILMA
3050 BISCAYNE BLVD., SUITE 600
MIAMI FL 33137**

STREET ADDRESS
CITY-ST-ZIP

**1800 SUNSET Harbor Drive
#2403 MIAMI Beach, FL 33139**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

**100005181361--5
-04/02/02--01016--011
****141.25 ****141.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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:

Wilma Schuster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **WILMA SCHUSTER**

3/20/02 305 798-0833
Date Daytime Phone #

CR2E003 (9/01)

0009840 AT