

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000347**

1. Entity Name
I.H. MICHAEL ASSOCIATES, LTD.



FILED

2003 FEB -5 AM 9:55

Principal Place of Business
**17720 NORTH BAY ROAD
APT. 10B
SUNNY ISLES BEACH FL 33160**

Mailing Address
**17720 NORTH BAY ROAD
APT. 10B
SUNNY ISLES BEACH FL 33160**

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business

17720 No. Bay Rd

3. Mailing Address

17720 No. Bay Rd

Suite, Apt. #, etc.

Sunny Isles Beach

Suite, Apt. #, etc.

City & State

FL 33160

DUE BY MAY 1, 2003

4. FEI Number **65-0734455**

Applied For

Not Applicable

City & State
FL 33160

Country

FLA.

Zip

33160

Country

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

**LAZAR, BRUCE E ESQ.
C/O LAZAR & ASSOCIATES
2901 COLLINS AVE., SUITE M
MIAMI BEACH FL 33140**

Name

SAME

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 **Bruce Lazar** **Hewitt Michael**

DATE

9. Capital Contributions
as Shown on record.

\$1,468,609.00

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 # **P97000008493**
NAME **JISUDALY, INC.**
STREET ADDRESS **17720 NORTH BAY ROAD**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

STREET ADDRESS

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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: **Jisudaly Inc** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Hewitt Michael **10/14/03**

0010415 AT

CR2E003 (10/02)

STAPLE CHECK HERE