

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000368**

1. Entity Name

SASSON ON THE OCEAN, LTD.

FILED

02 JAN 14 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10501 N.W. 7TH AVENUE
MIAMI FL 33150

Mailing Address

10501 N.W. 7TH AVENUE
MIAMI FL 33150

2. Principal Place of Business

11451 N.W. 36TH Avenue

3. Mailing Address

11451 N.W. 36TH Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0729342

Applied For

Not Applicable

Zip

33167

Country

U.S.

Zip

33167

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, BENNETT G ESQ.
2655 LEJEUNE ROAD, SUITE 508
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

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

DATE

9. Capital Contributions
as Shown on record.

\$25,000.00

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

DOCUMENT # P97000008794
NAME SASSON DEVELOPMENT CORP.
STREET ADDRESS 10501 N.W. 7TH AVENUE
CITY-ST-ZIP MIAMI FL 33150

13. ADDRESS CHANGES ONLY

STREET ADDRESS 11451 N.W. 36TH Avenue
CITY-ST-ZIP Miami, Florida 33167

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

000004778680-1
01/16/02 01075 006
****263.75 ****263.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/09/02 305-6326439

Date

Daytime Phone #

CR2E003 (9/01)