

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012653 AT

DOCUMENT # A97000000780

1. Entity Name
SUCHMAN ASSOCIATES, LTD.



FILED

03 MAR 20 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5301 FOUNTAINS DRIVE SOUTH, APT. 604
LAKE WORTH FL 33467

Mailing Address
5301 FOUNTAINS DRIVE SOUTH, APT. 604
LAKE WORTH FL 33467

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0736007

Applied For

Not Applicable

Zip

Country

Zip

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

SUCHMAN, RUTH
5301 FOUNTAINS DRIVE SOUTH, APT. 604
LAKE WORTH FL 33467

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions as Shown on record. \$1,500,000.00

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 #
NAME SUCHMAN, RUTH
STREET ADDRESS 5301 FOUNTAINS DRIVE SOUTH, APT. 604
CITY-ST-ZIP LAKE WORTH FL 33467

STREET ADDRESS

CITY-ST-ZIP

100014418221

DOCUMENT #
NAME SUCHMAN, JERRY J
STREET ADDRESS 46 HIGH WAY
CITY-ST-ZIP CHAPPAQUA NY 10514

STREET ADDRESS

CITY-ST-ZIP

03/20/03--01072--016 **526.25

DOCUMENT #
NAME ROSENBLUM, CAROL S
STREET ADDRESS 9813 GLENOLDEN DRIVE
CITY-ST-ZIP POTOMAC MD 20854

STREET ADDRESS

CITY-ST-ZIP

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NAME
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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:

Ruth Suchman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 10-2003

968-1358

Date

Daytime Phone #

0012653 AT