

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2000 08:00 AM  
Secretary of State

DOCUMENT # **A97000001820**

1. Entity Name  
SSC NORTH PORT, LTD.

Principal Place of Business

EXECUTIVE OFFICE  
19501 BISCAYNE BLVD.  
AVENTURA  
33180

FL

Mailing Address

EXECUTIVE OFFICE  
19501 BISCAYNE BLVD.  
AVENTURA  
33180

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0779255**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SOFFER MARSHA  
19501 BISCAYNE BLVD., EXECUTIVE OFFICE

AVENTURA  
33180

FL

US

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 **MARSHA SOFFER**

**04/29/2000**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

as Shown on record. **1,000.00**

10. Amount of Capital Contributions

in FLORIDA to date. **1,000.00**

**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 #  
NAME  
SSC NORTH PORT, INC.  
STREET ADDRESS  
EXECUTIVE OFFICE, 19501 BISCAYNE BLVD.  
CITY-ST-ZIP  
AVENTURA FL 33180

13. ADDRESS CHANGES ONLY

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

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: Marsha Soffer

DATE: 04/29/2000