

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001812

1. Entity Name

SBZZ OF ORLANDO, LTD.

FILED

01 APR 27 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

190 HORSE BLVD.
WINTER PARK, FL 32789

Mailing Address

40 FEATHERED NEST
770 LEXINGTON AVE 10TH FL
NEW YORK, NY 10021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2405767

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REINERT, PETER E ESQ
GOOBOLD DOWNING SNEHAN BATTAGLIA, P.A.
222 WEST COMSTOCK AVE, SUITE 101
WINTER PARK, FL 32789

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

1000

10. Amount of Capital Contributions
in FLORIDA to date.

1000

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 # P98000066593
NAME SBZZ OF ORLANDO INC
STREET ADDRESS 770 LEXINGTON AVE
CITY-ST-ZIP NEW YORK, NY 10021

STREET ADDRESS

CITY-ST-ZIP

700004213227--7
-05/11/01--01140--013

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)