

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # A 98000001912

1. Entity Name
SBZZ OF ORLANDO, LTD

02 MAY -1 AM 10:54

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
190 MORSE BLVD

3. Mailing Address
**40 BROWN HARBOR
770 LEXINGTON AVE**

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
5TH FLOOR

DUE BY MAY 1

City & State
WINTER PARK

City & State
NEW YORK, NY

4. FEI Number
58-2405767

Applied For
Not Applicable

Zip
32789

Country

Zip
10021

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
REINERT PETER ESO
Street Address (P.O. Box Number is Not Acceptable)
GAROLD DOWNING SUGMAN
222 WEST COMSTOCK AVENUE
City
WINTER PARK FL Zip Code
32789

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. **100 -**

10. Amount of Capital Contributions
in FLORIDA to date. **100 -**

**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 STREET ADDRESS CITY-ST-ZIP	P98000066593 SBZZ OF ORLANDO INC 770 LEXINGTON AVE NEW YORK, NY 10021	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	300005556373--5
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE