

2000 UNIFORM BUSINESS REPORT (UBR)

0004470 A/

DOCUMENT # **A98000002377**

1. Entity Name
SUSSMAN & SUSSMAN, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 24 AM 9:56

Principal Place of Business
**5841 BISCAYNE BOULEVARD
MIAMI FL 33137**

Mailing Address
**5841 BISCAYNE BOULEVARD
MIAMI FL 33137-2638**



MJH

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		3. Mailing Address		4. FEI Number 59-0665377 APPLIED FOR		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SUSSMAN, STEVEN 5841 BISCAYNE BOULEVARD MIAMI FL 33137		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$250,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	L98000001943	STREET ADDRESS	
NAME	SUSSMAN & SUSSMAN REALTY MANAGEMENT, LLC	CITY - ST - ZIP	
STREET ADDRESS	5841 BISCAYNE BOULEVARD		
CITY - ST - ZIP	MIAMI FL 33137		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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CITY - ST - ZIP			

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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/99)