

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002377

1. Entity Name
SUSSMAN & SUSSMAN, LTD.

FILED

02 MAR -7 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-0665311** Applied For
Not Applicable

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

**SUSSMAN, STEVEN
5841 BISCAYNE BOULEVARD
MIAMI FL 33137**

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

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

**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**
NAME **SUSSMAN & SUSSMAN REALTY MANAGEMENT, LLC**
STREET ADDRESS **5841 BISCAYNE BOULEVARD**
CITY-ST-ZIP **MIAMI FL 33137**

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/20/02
Date

Daytime Phone #

0008948 AT

(1) CR2E003 (9/01)

STAPLE CHECK HERE