

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B01000000066

1. Entity Name

PUDALOV - I, L.P.

FILED

02 MAY -6 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1201 SOUTH OCEAN DRIVE, NORTH, SUITE 1808  
HOLLYWOOD BEACH FL 33019

Mailing Address  
1201 SOUTH OCEAN DRIVE, NORTH, SUITE 1808  
HOLLYWOOD BEACH FL 33019



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

58-2568110

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KRAMER, ROBERT M

4000 HOLLYWOOD BLVD., SUITE 485 SOUTH  
HOLLYWOOD FL 33021

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

*Irving Pudalov*

DATE

9. Capital Contributions  
as Shown on record.

\$165,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

165,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # M01000000467  
NAME PUDALOV, LLC  
STREET ADDRESS 1201 SOUTH OCEAN DRIVE, NORTH, SUITE 1808  
CITY-ST-ZIP HOLLYWOOD BEACH FL 33019

STREET ADDRESS

CITY-ST-ZIP

100005556171--5

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

*Irving Pudalov*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)