

# 2002 UNIFORM BUSINESS REPORT (UBR)

01/25/01 A1

DOCUMENT # **B97000000513**

1. Entity Name

**HZ SUNRISE LIMITED PARTNERSHIP**

FILED

02 JAN 30 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**6557 NW 32ND TERRACE  
BOCA RATON FL 33496**

Mailing Address

**6557 NW 32ND TERRACE  
BOCA RATON FL 33496**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0778089**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

**DUE BY MAY 1, 2002**

6. Name and Address of Current Registered Agent

**ZHEUTLIN, MICHAEL  
6557 NW 32ND TERRACE  
BOCA RATON FL 33496**

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions

**\$1,000.00**

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 # **F97000005086**  
NAME **ZH SUNRISE, INC**  
STREET ADDRESS **6557 NW 32ND TERRACE**  
CITY-ST-ZIP **BOCA RATON FL 33496**

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:

*ZH Sunrise Inc by Michael Zheutlin President*  
**ZH SUNRISE INC**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**1-9-02**

**521 997 9067**

CR2E003 (9/01)