2002 Uniform Business Report (UBR)

### SUSSMAN, RICHARD IR ### SUSSMAN, VOL. ### SUSSMAN, RICHARD IR ###	1. Entity Nan	IMENT # P9800 THE PORT OF THE PORT OF TH	0104724 P.	•			Secretai 04-11-2002 90	ry of	Sta	te	
Sule, Apt # etc. City & State	1111 SW 8TH ST 6753 SW 88 ST APT B-110 MIAMI FL 33156 US										
St. Contribution Set Set Set State Country St. Contribution Set Set Set State Set Sta	Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE	IN THIS SPA	4CE		
SUSSMAN, RICHARD IR, 6753 SW WHIT 88	City & Stat	emi, FL.	City & State	City & State			4. FEI Number 65-0884395 Applied For Not Applicable				
SUSSMAN, RICHARD IR, 6753 SW 24FF 88 Th 57. AFT B-110 MIAMIR IL 33156 8. The advise named entity submits this statement for the purpose of changing its registioned office or registered agent, or both, in the State of Florida. SIGNARJIR System, byte or primed rame of registered agent and time is agriculture. 9. This corporation is eligible to satisfy its intangicle Tast filing requirement and elects to do so. After May 1, 2002 Fee will be \$550,00 After May 1, 2002 Fee will be	^{Zip} 33 /			Countr	у			Fe	e Require		
SIGNAZURE KICKMIL SUSSITAN, JR. Supramen, typos or piretor ame of regisered agent and the it applicable (NOTE: Registered Agent apparation provided in the composition of the provided and of registered agent and the it applicable Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. SS.00 May Be Added to Fees Since Added to Fees SINCE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE SUSSMAN, VOL 28 SINCE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE SUSSMAN, RICHARD SINCE ADDRESS OTH-ST-7P TITLE SUSSMAN, RICHARD SINCE ADDRESS OTH-ST-7P MIAMI FL 33156 Delete ITTLE SINCE ADDRESS OTH-ST-7P ITTLE MAKE SINCE ADDRESS OTH-ST-7P TITLE MAKE SINCE ADDRESS	6753 SW APT B-11 MIAMI FL	84777 88Th 57. 0 33156 COM			Street Address 6753 6-11 City M1	(P.O. Box Num	SVSS YAN mber is Not Acceptable)	57.	13-12 T		
Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$55.00 May 8 (See criteria on back) Delete Addition to back After May 1, 2002 Fee will be \$55.00 May 8 (See criteria on back) Delete	SIGNATURE	Richard SUSS Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered /	Agent signature require	ed se			- 06	<u>~~~</u>	
TITLE PSTD Delete SUSSMAN, VOL #8 SUSSMAN, FICHARD CITY-ST-2P MIAMI FL 33156 D Delete STREET ADDRESS CITY-ST-2P MIAMI FL 33156 D Delete STREET ADDRESS CITY-ST-2P MIAME MAME MAME STREET ADDRESS CITY-ST-2P MIAME MAME MAME MAME MAME MAME STREET ADDRESS CITY-ST-2P MIAME MAME MAME MAME MAME MAME MAME MAM	Tax filing r	requirement and elects to do so.	After May 1, 200)2 Fee w	ill be \$550.00		• -	· —			
NAME SIRET ADDRESS OTY-ST-2P MIAMI FL 33156 TITLE D SUSSMAN, RICHARD STREET ADDRESS OTY-ST-2P OTY-ST-2P TITLE D SUSSMAN, RICHARD STREET ADDRESS OTY-ST-2P TITLE D SIRET ADDRESS OTY-ST-2P TITLE SIRET				_				ERS AND DI	RECTORS	3 IN 11	
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME MAME MAME MAME MAME MAME MA	NAME STREET ADDRESS	SUSSMAN, VOL ## 6753 SW 88TH APT B-110	Delete	NAME STREET	ADDRESS 6	181 753 S	5USSMAV .W-887h	# S7		□ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS	SUSSMAN, RICHARD 6753 SW 88TH APT B-110	☐ Delete	NAME STREET					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	NAME STREET ADDRESS	·	☐ Delete	NAME STREET	1				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the composition of the receiver or trustee empowered.	NAME Street address		☐ Delete	NAME Street	I				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP 13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 it changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS	•	☐ Delete	NAME STREET					Change	Addition	
of the corporation of the receiver or trustee and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 id changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS		· Delete	NAME STREET	I .	-17 V			Change	Addition	
	of the corp changed,	on this report or suppremental report is to coration or the receiver or trustee empow or on an attachment with an address, with	rue and accurate and that mi rere d to execute this report a	v sionafiir	e shall have the	same legal eft 7, Florida Statu	tent as if made under eat	h; that I am a ppears in Blo	an officer o ock 11 or l	or director Block 12 if	