

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 274449

1. Entity Name

CHARLES A. VON STEIN, INC.

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90007 007 ***150.00

Principal Place of Business

Mailing Address

351 S CYPRESS RD
316
POMPANO BCH FL 33060
US

351 S CYPRESS RD
316
POMPANO BCH. FL 33060-7167
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1027633

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

GLORIA H VON STEIN
6271 BAY CLUB DR
FT. LAUDERDALE FL 33308

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE V ☐ Delete

NAME VON STEIN, LEE T

STREET ADDRESS 1030 SE 7TH AVE

CITY-ST-ZIP POMPANO BEACH FL

TITLE VP ☐ Delete

NAME VON STEIN, CHARLES H

STREET ADDRESS 6271 BAY CLUB DR

CITY-ST-ZIP FT LAUDERDALE FL

TITLE P ☐ Delete

NAME VON STEIN, GLORIA

STREET ADDRESS 6271 BAY CLUB DRIVE

CITY-ST-ZIP FORT LAUDERDALE FL

TITLE S ☐ Delete

NAME VON STEIN, KIRK

STREET ADDRESS 2216 N CYPRESS BEND DRIVE BLDG 14

CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLORIA VON STEIN

Pres

1-20-00

954 9438501

Date

Daytime Phone #