

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 23 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001396

1. Entity Name

157 EAST BREVARD CORPORATION, LLC

Principal Place of Business

822 SARNO ROAD. UNIT 3
MELBOURNE FL 32935

Mailing Address

822 SARNO ROAD. UNIT 3
MELBOURNE FL 32935

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

59-3528306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STERNBERG, DON
822 SARNO ROAD, UNIT 3
MELBOURNE FL 32935

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM ☐ Delete
STERNBERG, DON
STREET ADDRESS 822 SARNO ROAD, UNIT 3
CITY-ST-ZIP MELBOURNE FL 32935

TITLE NAME ☐ Change ☐ Addition
400004137104
-05/04/01--01092--016
*****50.00 *****50.00

TITLE NAME MGRM ☐ Delete
STERNBERG, MICHAEL
STREET ADDRESS 822 SARNO ROAD, UNIT 3
CITY-ST-ZIP MELBOURNE FL 32935

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Don Sternberg 17 April 2001 821 2547516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR20083 (11/00)

0006289 AF