

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002985

1. Entity Name

RYDER & SCHILD, LLC

Principal Place of Business
3361 SW THIRD AVENUE
MIAMI, FL 33145Mailing Address
3361 SW THIRD AVENUE
MIAMI, FL 33145

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

52-2134098

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IVOR BAMBERGER
3361 SW THIRD AVENUE
MIAMI, FL 33145

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 is Unlawful if Required when Non-Residing)

DATE

9. MANAGING MEMBERS/MEMBERS

TITLE: MANAGER ☐ Officer
NAME: BEBER SILVERSTEIN
STREET ADDRESS: 3361 SW THIRD AVENUE
CITY-ST-ZIP: MIAMI, FL 33145TITLE: MANAGER ☐ Director
NAME: PARTNERS ADVERTISING, INC.
STREET ADDRESS: 3361 SW THIRD AVENUE
CITY-ST-ZIP: MIAMI, FL 33145TITLE: ☐ Director
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Director
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Director
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Director
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME: 200003259252
STREET ADDRESS: -05/19/00--01074--020
CITY-ST-ZIP: *****50.00 *****50.00TITLE: ☐ 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:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone:

4/28/00 (305) 856-9800

CR2E083 (11/99)