

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006404

1. Entity Name

BARROW AND BEBER/SILVERSTEIN, LLC

Principal Place of Business

3361 S.W. 3RD AVENUE
MIAMI FL 33145

Mailing Address

3361 S.W. 3RD AVENUE
MIAMI FL 33145-3911

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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAMBERGER, IVOR
3361 S.W. THIRD AVENUE
MIAMI FL 33145

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.

(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

TITLE NAME Richard Barrow ☐ Delete
STREET ADDRESS 3361 SW Third Avenue MGRM
CITY-ST-ZIP Miami, FL 33145

TITLE NAME Ivor J. Bamberger ☐ Delete
STREET ADDRESS 3361 SW Third Avenue MGR
CITY-ST-ZIP Miami, FL 33145

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100003456051--S
CITY-ST-ZIP -11/07/00--01117--005
*****50.00 *****50.00

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

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

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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:

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

9/12/00

Date

Daytime Phone #

0003796 AF

CR2E083 (9/99)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 PM 11:02



DO NOT WRITE IN THIS SPACE