

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90185 018 ****50.00

DOCUMENT # L01000022525

1. Entity Name

STEPHANIE REAL ESTATE INVESTMENTS, L.L.C.

DO NOT WRITE IN THIS SPACE

924934

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2121 PONCE DE LEON BLVD

3. Mailing Address
2121 PONCE DE LEON BLVD

Suite, Apt. #, etc.
#1100

Suite, Apt. #, etc.
#1100

City & State
CORAL GABLES, FLORIDA

City & State
CORAL GABLES, FLORIDA

4. FEI Number
69-0003969

Applied For
Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MICHAEL B. GOLDSTEIN

Street Address (P.O. Box Number is Not Acceptable)

2121 PONCE DE LEON BLVD., #1100

City CORAL GABLES **FL** **Zip Code** 33134

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.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
MIKE NUNEZ
2121 PONCE DE LEON BLVD. #1100
CORAL GABLES, FLORIDA 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)