

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90691 039 ****55.00

DOCUMENT # LD2000007544
1. Entity Name
BRICKSTEIN CONSTRUCTION, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>7392 NW 35 TERR</u> Suite, Apt. #, etc. <u>SUIT # 206</u> City & State. <u>MIAMI FL.</u> Zip <u>33122</u> Country		3. Mailing Address <u>7392 NW 35 TERR.</u> Suite, Apt. #, etc. <u>SUIT # 206</u> City & State <u>MIAMI FL.</u> Zip <u>33122</u> Country	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <u>04-3630416</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JORGE E. STEIN
Street Address (P.O. Box Number is Not Acceptable)
7392 NW 35 TERR #206
City MIAMI FL Zip Code 33122

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>OPERATING MANAGER</u> <u>JORGE E. STEIN</u> <u>7392 NW 35 TERR #206</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY</u> <u>JORGE E. STEIN</u> <u>7392 NW 35 TERR #206</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER</u> <u>JORGE E. STEIN</u> <u>7395 NW 35 TERR #206</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 (12/02)