DOCUMENT # A93000000760

A93000000760

1. Entity Name

STERN/EPSTEIN LIMITED PARTNERSHIP

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 14 PM 3:42

Principal Place of Business	Mailing Address
	C/O RIESENBERG 644 E. HALLANDALE BEACH BLVD HALLANDALE, FL 33009

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4/14/96

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0345191 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EPSTEIN, SHLOMO 14770 BISCAYNE BOULEVARD NORTH MIAMI BEACH FL 33181	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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
70600.00	70600.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	EPSTERN LAND COMPANY
STREET ADDRESS CITY-ST-ZIP	14770 BISCAYNE BOULEVARD NORTH MIAMI BEACH FL 33181
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	V36620
STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	900003398699--4 -09/20/00--01012--001 ***2061.25 ***2061.25
STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PER STATEMENT 1999-2000
STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ADM - 1,000.00 AR $75.00 ARSupp 177.50
STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CR 8.75 $ 2061.25
STREET ADDRESS CITY-ST-ZIP	

14. 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 General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

12 SEPT. 2000

SIGNATURE: _____ SHLOMO EPSTEIN, PRES. 954-458-5514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #