

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
Jun 05, 2000 8:00 am
Secretary of State

04-22-2000 90088 042 ***150.00

DOCUMENT # F 93000003678

1. Entity Name

STEIN IMPORTS, LTD., INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

7588A LEXINGTON CLUB BLVD

3. Mailing Address

7588A LEXINGTON CLUB BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

4. FEI Number

13-3117551

Applied For

Not Applicable

Zip

33446

Country

PALM BEACH

Zip

33446

Country

PALM BEACH

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STEIN, HARRIET

7588A LEXINGTON CLUB BLVD

DELRAY BEACH, FL 33446

7. Name and Address of New Registered Agent

Name

STEIN, HARRIET

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

7588A LEXINGTON CLUB BLVD

City

DELRAY BEACH

FL

Zip Code

33446

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 HARRIET STEIN

Harriet Stein

4/10/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

FILE NOW!!! FEE IS: \$150.00

AFTER MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	PHILIP BRUDNER	
STREET ADDRESS	19 WITHERELL DRIVE	
CITY-ST-ZIP	GREENWICH, CT 06830	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X *Philip Brudner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP BRUDNER 4/11/00

Date

Daytime Phone #

CR2E034 (9/99)