

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90045 029 \*\*\*150.00

DOCUMENT # J26832

1. Entity Name  
JAY G. STEIN, INC.



Principal Place of Business  
9699 N.E. 2ND AVENUE  
MIAMI SHORES FL 33138  
US

Mailing Address  
9699 N.E. 2ND AVENUE  
MIAMI SHORES FL 33138  
US

2. Principal Place of Business

209 NE 95 St  
Suite, Apt. #, etc.  
8

City & State  
MIAMI SHORES

Zip  
33138-2745

Country  
USA

3. Mailing Address

209 NE 95 St  
Suite, Apt. #, etc.  
8

City & State  
MIAMI SHORES

Zip  
33138-2745

Country  
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2706409

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEIN, JAY M.D.  
9699 N.E. 2ND AVENUE  
MIAMI SHORES FL 33138

7. Name and Address of New Registered Agent

Name Jay Stein MD

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

209 NE 95 St  
Suite 8

City MIAMI SHORES

FL Zip Code 33138-2745

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 *Jay G. Stein* Jay G. Stein

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME STEIN, JAY  
STREET ADDRESS 9699 N.E. 2ND AVE.  
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME Stein Jay  
STREET ADDRESS 209 NE 95 St Suite 8  
CITY-ST-ZIP MIAMI SHORES, FL 33138-2745

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jay G. Stein* Jay G. Stein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/03 305-751-285

CR2E034 (10/02)