2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001604

1. Entity Name

GOODSTEIN REALTY MIAMI, L.L.C.

FILED

01 SEP 24 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2499 GLADES RD., STE. 105 BOCA RATON FL 33431	242 EAST 51ST STREET NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address 212 EAST 47th STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 3 FLOOR	
City & State	City & State NEW YORK, NEW YORK	**4.** FEI Number ☑ Applied For ☐ Not Applicable
Zip Country	Zip 10017 Country USA	**5.** Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
COHEN, SETH I ESQ. FOGEL & COHEN 2499 GLADES RD., STE. 105 BOCA RATON FL 33431	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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 26, 2001

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-10/01/01--01004--002
*****50.00 *****50.00

9. MANAGING MEMBERS / MANAGERS		**10.** ADDITIONS / CHANGES	
TITLE **MGR** NAME **GOODSTEIN, IVAN** STREET ADDRESS **242 EAST 21ST STREET** CITY-ST-ZIP **NEW YORK NY 10022**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (5/01)

STAPLE CHECK HERE

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: _____