

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002276

1. Entity Name  
GRAND MADISON, L.L.C.

**FILED**

01 JAN 29 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
Jack Bernstein  
1666 Kennedy Cswy. / Suite 602  
North Bay Village, FL 33141

Jack Bernstein  
1666 Kennedy Causeway  
Suite 602  
North Bay Village, FL 33141-4134

2. Principal Place of Business  
Suite, Apt. #, etc. **602**  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc. **602**  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
Jack Bernstein  
1666 Kennedy Causeway  
Suite 602  
North Bay Village, FL 33141-4134

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BERNSTEIN, JACK 11401 BISCAYNE BLVD. MIAMI FL 33181</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300003624043--7 -02/02/01--01026--020 *****50.00 *****50.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jack Bernstein* **JACK BERNSTEIN 1-24-01** Date **305 865-3332** Daytime Phone #

CR2E083 (11/00)