

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006166

Entity Name

STEINFAM PROPERTIES, LLC

Principal Place of Business

7628 ELMRIDGE DRIVE
BOCA RATON FL 33433

Mailing Address

7628 ELMRIDGE DRIVE
BOCA RATON FL 33433

FILED

01 SEP 20 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7589 La Corniche Circle

Suite, Apt. #, etc.

3. Mailing Address

7589 La Corniche Circle

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-1034001

Applied For

Not Applicable

Zip

33433

Country

Zip

33433

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEIN, MURRAY

7628 ELMRIDGE DRIVE

BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name Stein, Murray

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

7589 La Corniche Circle

City Boca Raton

FL

Zip Code 33433

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

MURRAY STEIN
Murray Stein

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

Murray Stein

(NOTE: Registered Agent signature required when reinstating)

9/17/01

DATE

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

100004614751--7

-09/28/01--01004--017

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE Managing Member
NAME Murray Stein
STREET ADDRESS 7589 La Corniche Circle
CITY-ST-ZIP Boca Raton, FL 33433

☐ Delete

TITLE Managing Member
NAME Fran Stein
STREET ADDRESS 8583 Brody Way
CITY-ST-ZIP Boca Raton, FL 33433

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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: *

MURRAY STEIN
Murray Stein

9/17/01

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CR2E083 (11/00)