

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015220

1. Entity Name

SCHAIN PARTNERS, CERTIFIED PUBLIC ACCOUNTANTS, P

Principal Place of Business

Mailing Address

2699 STIRLING ROAD, B-206  
FORT LAUDERDALE, FL 33312

FILED

01 APR -9 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

2699 STIRLING ROAD

STIRLING

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B-206

City & State

City & State

FORT LAUDERDALE, FL

Zip

Country

Zip

Country

33312

USA

4. FEI Number

65-1061878

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

NAME: RONALD D. SCHAIN  
STREET ADDRESS: 2699 STIRLING ROAD  
CITY-ST-ZIP: B-206 FORT LAUDERDALE, FL 33312

TITLE: ☐ Change ☐ Addition  
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STREET ADDRESS: ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)