

FILED
Feb 21, 2002 8:00 am
Secretary of State

01-16-2002 90257 024 *****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005351

1. Entity Name

SALSTEIN MANAGEMENT, LLC

Principal Place of Business

6250 NW 35TH AVENUE
MIAMI FL 33147

Mailing Address

6250 NW 35TH AVENUE
MIAMI FL 33147

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1102111

Applied For

Not Applicable

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

LAMONT & NEIMAN, P.A.
 ONE BISCAYNE TOWER, 3550
 TWO SOUTH BISCAYNE BOULEVARD
 MIAMI FL 33131

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 CO-TRUSTEE OF THE ROBERT SALSTEIN
 EXEMPT FAMILY TRUST, ET AL
 ABRAHAM SALSTEIN
 8920 SW 117 STREET
 MIAMI, FL 33176

☐ Delete☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 CO-TRUSTEE OF THE ROBERT SALSTEIN
 EXEMPT FAMILY TRUST, ET AL
 HOWARD SALSTEIN
 13821 SW 108 AVENUE
 MIAMI, FL 33176

☐ Delete☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

☐ Delete☐ Change ☐ Addition

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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 REQUIRED

ABRAHAM Salstein

01-10-02

(305) 693-6868

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

Date

Daytime Phone #

CR2E083 (9/01)