7/30/2002-90426-(

FILED
Sep 30, 2002 8:00 am
Secretary of State
07-30-2002 90426 003 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000006762

1. Entity Name
RICHARD A STEIN ENTERPRISES LLC

Principal Place of Business
7354 SOUTHWEST 26 COURT
DAVIE FL 33314

Mailing Address
7354 SOUTHWEST 26 COURT
DAVIE FL 33314

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4323 Tranquility Dr.	4323 Tranquility Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Highland Beach, FL	City & State: Highland Beach, FL
Zip: 33487 Country: USA	Zip: 33487 Country: USA

4. FEI Number: 06-1645079 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
STEIN, RICHARD A
7354 SOUTHWEST 26 COURT
DAVIE FL 33314

7. Name and Address of New Registered Agent
Name: Richard A. Stein
Street Address (P.O. Box Number is Not Acceptable): 4323 Tranquility Dr.
City: Highland Beach FL Zip Code: 33487

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] DATE: 7/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Richard Stein 4323 Tranquility Dr Highland Beach, FL 33487 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E063 (4/02)

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 [signature] Date: 7/29/02 Daytime Phone #: 561-276-3003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE