

2002 UNIFORM BUSINESS REPORT (UBR)

FILED  
Jun 03, 2002 8:00 am  
Secretary of State

05-12-2002 90595 034 \*\*\*\*50.00

DOCUMENT # L01000006969

1. Entity Name  
STEVEN CHESS, LLC

Principal Place of Business  
2707 MEADOWOOD CT  
WESTON FL 33332

Mailing Address  
2707 MEADOWOOD CT  
WESTON FL 33332

2. Principal Place of Business  
2707 meadowood ct.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Weston FL

City & State

Zip  
33332

Country  
USA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEL Number  
63-1112541

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSEN, HARRY M ESQ  
ROSEN KREILING & EICHNER PA  
2500 WESTON RD SUITE 220  
WESTON FL 33331

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 *Adrian Chen*

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.E.O. Steven Chess 2707 meadowood ct Weston FL 33332	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Adrian Chen* REQUIRED

(Signature and typed or printed name of signing managing member, manager, or authorized representative)

4/25/02

954-389-5683

Daytime Phone #

CR2E083 (9/01)