

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90578 007 ****50.00

DOCUMENT # L01000007348

1. Entity Name

TEITEL & BLITSTEIN, LLC



Principal Place of Business

P.O. BOX 17323
WEST PALM BEACH FL 33416-7323

Mailing Address

P.O. BOX 17323
WEST PALM BEACH FL 33416-7323

2. Principal Place of Business

P.O. Box 17323

3. Mailing Address

SEE ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WPB, FL

City & State

WPB, FL

Zip

33416-7323

Country

USA

Zip

33416-7323

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1115594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLITSTEIN, CHARLES D
2591 W CARANDIS RD
WEST PALM BEACH FL 33406-5108

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE & NAME
MGRM
BLITSTEIN, CHARLES D
STREET ADDRESS
2591 WEST CARANDIS ROAD
CITY-ST-ZIP
WEST PALM BEACH FL 33906 ☐ Delete

TITLE & NAME
MGRM
TEITEL, DAVID
STREET ADDRESS
38 EDINBURGH DRIVE
CITY-ST-ZIP
PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE & NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE & NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE & NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE & NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE & NAME
STREET ADDRESS
CITY-ST-ZIP
WPB, FL 33406 ☒ Change ☐ Addition

TITLE & NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE & NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE & NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE & NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE & NAME
STREET ADDRESS
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: CHARLES D. BLITSTEIN

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

4/28/03

Date

561-641-1666

Daytime Phone #

CR2E083 (10/02)