

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90077 030 ****50.00

DOCUMENT # L01000019469

1. Entity Name

GOODSTEIN DEVELOPMENT FLORIDA, L.L.C.



Principal Place of Business

Mailing Address

**18305 BISCAYNE BLVD. SUITE 400
AVENTURA FL 33160**

**18305 BISCAYNE BLVD. SUITE 400
AVENTURA FL 33160**

90154770

2. Principal Place of Business

12550 Biscayne Blvd.

Suite, Apt. #, etc.

409

City & State

North Miami, FL 33181

Zip

Country

USA

3. Mailing Address

12550 Biscayne Blvd

Suite, Apt. #, etc.

409

City & State

North Miami, FL 33181

Zip

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1158029**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLMAN, NANCY B ESQ.
150 EAST PALMETTO PARK ROAD
SUITE 750
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

Seth I. Cohen, Esq.

Street Address (P.O. Box Number is Not Acceptable)

2500 N. Military Trail, Suite 111

City

Boca Raton

FL

Zip Code

33431

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **GOODSTEIN, STEVEN**
STREET ADDRESS **18305 BISCAYNE BLVD. SUITE 400**
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Goodstein, Steven**
STREET ADDRESS **12550 Biscayne Blvd, Suite # 409**
CITY-ST-ZIP **North Miami, FL 33181**

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

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

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

9/4/03 (22) 750-4663

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

Date

Daytime Phone #

CR2E083 (4/03)