

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90407 050 \*\*\*\*50.00

**DOCUMENT # L01000020657**

1. Entity Name

SCHECHTER TOURS, L.C.

Principal Place of Business

C/O IRVING SHIMOFF, ESQ.  
 BANK OF AMERICA, 100 S.E. 2ND ST. STE 3920  
 MIAMI FL 33131

Mailing Address

C/O IRVING SHIMOFF, ESQ.  
 BANK OF AMERICA, 100 S.E. 2ND ST. STE 3920  
 MIAMI FL 33131

967951

2. Principal Place of Business

4565 NO. MONDRIAN AVE  
 Suite, Apt. #, etc.

3. Mailing Address

4565 NO. MONDRIAN AVE  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 MIAMI BEACH FL

City & State  
 MIAMI BEACH FL

4. FEI Number

01-0564304

Applied For

Not Applicable

Zip  
 33140

Country

Zip  
 33140

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIMOFF, IRVING ESQ.  
 100 S.E. 2ND ST., STE. 3920  
 MIAMI FL 33131

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

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  
 MGRM  
 SHIMOFF, IRVING  
 100 S.E. 2ND ST., STE. 3920  
 MIAMI FL 33131 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGRM  
 RICHARD SCHECHTER  
 4565 NO. MONDRIAN AVE  
 MIAMI BEACH FL 33140 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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10. ADDITIONS/CHANGES

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

TITLE  
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☐ 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:

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

Date

Daytime Phone #

RICHARD SCHECHTER 1/21/02 305.932.2233

CR2E083 (9/01)