

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90002 033 ****55.00

0017502

DOCUMENT # L02000006710

1. Entity Name

BEAR 167, LLC



Principal Place of Business

~~710 WEST 51ST ST.~~ ~~MIAMI BEACH FL 33140~~
~~167 NE 39 STREET~~ ~~MIAMI FL 33137~~

Mailing Address

~~710 WEST 51ST ST.~~ ~~MIAMI BEACH FL 33140~~

~~167 NE 39 STREET~~ ~~MIAMI FL 33137~~



2. Principal Place of Business

167 N.E. 39 STREET

Suite, Apt. #, etc.

3. Mailing Address

167 NE 39 STREET

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33137

Country

Zip

33137

Country

4. FEI Number

32-0010911

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~MELAND & RUSSIN, P.A.~~
~~2420 FIRST UNION FINANCIAL CENTER~~
~~200 S. BISCAYNE BLVD.~~
~~MIAMI FL 33131~~

Howard Bradsky Esq.

2701 South Bay Shore Dr.
Suite 602
Miami FL 33133

7. Name and Address of New Registered Agent

Howard Bradsky Esq.
Street Address (P.O. Box Number is Not Acceptable)
2701 South Bay Shore Dr.
Suite 602
City MIAMI FL Zip Code 33133

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

4/10/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE		<input type="checkbox"/> Delete
NAME	BARRY BRADSKY	
STREET ADDRESS	167 N.E. 39 STREET	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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

Date

Daytime Phone #

4/10/03 305-576-9909

CR2E083 (10/02)