


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90691 039 ****55.00

DOCUMENT # LD2000007544

1. Entity Name
BRICKSTEIN CONSTRUCTION, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>7392 NW 35 TERR</u> Suite, Apt. #, etc. <u>SUIT #206</u> City & State <u>MIAMI FL.</u> Zip <u>33122</u> Country		3. Mailing Address <u>7392 NW 35 TERR.</u> Suite, Apt. #, etc. <u>SUIT #206</u> City & State <u>MIAMI FL.</u> Zip <u>33122</u> Country	
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>04-3630416</u>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <u>JORGE E. STEIN</u> Street Address (P.O. Box Number is Not Acceptable) <u>7392 NW 35 TERR #206</u> City <u>MIAMI</u> FL Zip Code <u>33122</u>		

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>OPERATING MANAGER</u> <u>JORGE E. STEIN</u> <u>7392 NW 35 TERR #206</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY</u> <u>JORGE E. STEIN</u> <u>7392 NW 35 TERR #206</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER</u> <u>JORGE E. STEIN</u> <u>7395 NW 35 TERR #206</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 # _____

CR2E083B (12/02)