

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 92212 028 ****50.00

0017139

DOCUMENT # L02000026281

1. Entity Name

ALTON GROUP LLC



Principal Place of Business

Mailing Address

**C/O MARJORIE W. MISHKIN
1500 OCEAN DRIVE STE. PH-2
MIAMI BEACH FL 33139**

**C/O MARJORIE W. MISHKIN
1500 OCEAN DRIVE STE. PH-2
MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

1500 OCEAN DR

1500 OCEAN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH 2

PH 2

City & State

City & State

MIAMI BEACH, FL

MIAMI BEACH FL

Zip

Country

Zip

Country

33139 USA

33139 USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARASH & ASSOCIATES, P.A.
1140 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154**

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

Marjorie W. Mishkin

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

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **MISHKIN, MARJORIE W**
STREET ADDRESS **1500 OCEAN DRIVE STE. PH-2**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Marjorie W. Mishkin

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

Date

Daytime Phone #

(305) 532-5180
April 30, 2003

CR2E083 (10/02)