

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

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90192 002 \*\*\*\*50.00

DOCUMENT # L02000034656

1. Entity Name

STEFANO B, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

667 LINCOLN Road

3. Mailing Address

1900 Sunset-HARBOR Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1002

City & State

Miami BEACH FLA

City & State

Miami Beach FLA

4. FEI Number

65-1165994

Applied For

Not Applicable

Zip

33139

Country

usa

Zip

33139

Country

usa

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RANDOLPH Potter

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

1200 SO. PINE ISLAND Drive

CORNERSTONE I

City

PLANTATION

FL

Zip Code

33324

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.

DATE

**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  
IRA S. BARTON MANAGER  
1900 SUNSET HARBOR Drive  
1002-Miami Beach FL 33139

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
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CITY-ST-ZIP

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IN THIS SPACE**

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 #

IRA S. BARTON 4/24/03 305 972-7777

CR2E083B (12/02)