

# 2000 UNIFORM BUSINESS REPORT (UBR)

0007183 AF

DOCUMENT # L95000000676

1. Entity Name  
STANLEY METAL ASSOCIATES, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:04

Principal Place of Business  
5100 TOWN CENTER CIRCLE, STE. 425  
BOCA RATON FL 33486

Mailing Address  
5100 TOWN CENTER CIRCLE, STE. 425  
BOCA RATON FL 33486-1008



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business NW  
6001 Broken Sound Parkway  
Suite, Apt. #, etc.  
Suite 406

3. Mailing Address  
6001 Broken Sound Parkway, NW  
Suite, Apt. #, etc.  
Suite 406

City & State  
Boca Raton FL

City & State  
Boca Raton FL

Zip  
33487

Country  
USA

Zip  
33487

Country  
USA

4. FEI Number 65-0612361

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
FRIEDMAN, DAVID E ESQ.  
5100 TOWN CENTER CIRCLE #425  
BOCA RATON FL 33486

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>MILLER, STANLEY T<br>5100 TOWN CENTER CIRCLE, STE. 425<br>BOCA RATON FL 33486 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>MILLER, VERA<br>5100 TOWN CENTER CIRCLE, STE. 425<br>BOCA RATON FL 33486      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>FRIEDMAN, DAVID<br>5100 TOWN CENTER CIRCLE, STE. 425<br>BOCA RATON FL 33486   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>WEINER, STEWART<br>5100 TOWN CENTER CIRCLE<br>BOCA RATON FL 33486             | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete |

10. ADDITIONS / CHANGES

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | 900003131399--3<br>-02/10/00--01087--001<br>****100.00 ****50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: STEWART WEINER, MGR 2/4/00 (56) 241-6080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #

CR2E083 (9/99)