

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0011226 AF

DOCUMENT # L98000002681

1. Entity Name

HACKLEY, BERNSTEIN AND OSBERG-BRAUN, P.L.
BERNSTEIN OSBERG-BRAUN L.L.C.

01 APR 27 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2875 N.E. 191ST STREET-
#500
AVENTURA FL 33180

2875 N.E. 191ST STREET
#500
AVENTURA FL 33180



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0874619

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNSTEIN, ROGER A
2875 N.E. 191ST STREET
SUITE 500
AVENTURA FL 33180

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

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 Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BERNSTEIN, ROGER A
2875 N.E. 191ST STREET, #500
AVENTURA FL 33180 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HACKLEY, M. KEIL
2875 N.E. 191ST STREET, #500
AVENTURA FL 33180 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800004194043-3
-05/10/01-0111-006
*****55.00 *****55.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
OSBERG-BRAUN, LINDA
2875 N.E. 191ST STREET, #500
AVENTURA FL 33180 ☐ Delete

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

TITLE
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☐ Change ☐ 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:

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

4/24/01

305 692-8888

Date

Daytime Phone #

CR2E083 (11/00)