## **2000 UNIFORM BUSINESS REPORT (UBR)**

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DOCU  1. Entity Nam		000002788				FILE	D STATE		
DAVID N. FINKELSTEIN, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
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Principal Plac	ce of Business	Mailing Address				UU-RUG 1 4	, , , ,	^	
27 FLETCHER AVENUE . 27 FLETCHER SARASOTA FL 34237 SARASOTA FL			117				<u></u>	<i>X</i> /	
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2. Principal Place of Business		<ol> <li>Mailing Address</li> </ol>	-3. Mailing Address				(/ EE()/ <b>SE/// SE</b> //	, 68118 11819 1462	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		1/10	9/0 DO NOT V	VRITE IN THIS	SPACE	
City & State		City & State	City & State		65-0960 583  4. FEI Number Applied For				
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Zip	Country	Zip	Country		5. Certific	cate of Status Desire	ed 🗌	\$5.00 Add Fee Require	
	6. Name and Address of Cu	rrent Registered Agent		Name	7. Name	and Address of Ne	w Registered	Agent	
FINKELST	EIN, DAVID N				- /0.0 .0				
27 FLETCHER AVENUE				Street Addres	S (P.O. Box Nu	mber is Not Accepta	abie) 		
	TA FL 34237								
SARASOT				City			FI	L Zip Cod	le
8. The above	e named entity submits this statem	FILE N	ts registered of	ent signature requi	red when reinstating	<u>20000</u> 	3370	01098	
	Signature, typed or printed name of registered	d agent and title if applicable. (NO FILE N Make Check P	ts registered of DTE: Registered Agreement Agr	ent signature requi	red when reinstating	20000 " -08/ ***	3370 23/09 <sup>45</sup> **50,00	01098 *****	
8. The above	Signature, typed or printed name of registered	d agent and title if applicable. (NO FILE N Make Check P	NOW!!! FE Payable to C	ent signature requi	red when reinstating	20000 " -08/ ***	3370 23700	<u>01098</u> ***** s_	50.00
8. The above	Signature, typed or printed name of registered  MANAGING M  MEM  FINKELSTEIN, DAVID	d agent and title if applicable. (NO FILE N Make Check P	ts registered of DTE: Registered Agreement Agr	ent signature requi	red when reinstating	20000 " -08/ ***	3370 23/09 <sup>45</sup> **50,00	01098 *****	
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