

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90279 016 ****50.00

DOCUMENT # L99000001205

1. Entity Name
STEPHEN'S PROPERTY ACCOUNT, L.C.

Principal Place of Business

**5905 SO. KEARNEY ST.
ENGLEWOOD CO 80110**

Mailing Address

**5905 SO. KEARNEY ST.
ENGLEWOOD CO 80110**

906629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

**WILLNER, ROBIN I ESQ.
BEDZOW, KORN, BROWN, LIPTON, MILLER
20803 BISCAYNE BLVD., SUITE 200
AVENTURA FL 33180**

Name

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

**Willner, Robin I Esq.
Leopold, Korn, Leopold, P.A.**

20801 Biscayne Blvd. Suite 501

City

Aventura

FL

Zip Code

33180

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

January 6, 2002

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FELDMAN, SHARON
5905 SO. KEARNEY ST.
ENGLEWOOD CO 80111**

☐ Delete

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

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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 #

720-493-1551

January 6, 2002

CR2E083 (9/01)