

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000005176

1. Entity Name  
S.N.M. ENTERPRISES L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 MAR -5 PM 3:57

Principal Place of Business  
C/O DAVID M. GOLDSTEIN, ESQUIRE  
100 S.E. SECOND STREET, SUITE 2750  
MIAMI FL 33131

Mailing Address  
C/O DAVID M. GOLDSTEIN, ESQUIRE  
100 S.E. SECOND STREET, SUITE 2750  
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
200 S. Biscayne Blvd  
Suite, Apt. #, etc.  
Suite 1880  
City & State  
Miami, FL  
Zip  
33131  
Country

3. Mailing Address  
200 S. Biscayne Blvd  
Suite, Apt. #, etc.  
Suite 1880  
City & State  
Miami, FL  
Zip  
33131  
Country


4. FEI Number 65-0951412  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
GOLDSTEIN, DAVID M ESQUIRE  
100 S.E. SECOND STREET, SUITE 2750  
MIAMI FL 33131

7. Name and Address of New Registered Agent  
Name David M. Goldstein, Esq  
Street Address (P.O. Box Number is Not Acceptable)  
200 S. Biscayne Blvd, S. 1880  
City Miami FL Zip Code 33131

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)

2/6/01  
DATE

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

100003888681--7  
-03/20/01--01087--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	MGRM			<input type="checkbox"/>
	MALNIK, ALVIN I	100 S.E. SECOND STREET, SUITE 2750	MIAMI FL 33131	<input type="checkbox"/>
	MGRM			<input type="checkbox"/>
	MALNIK, SPENCER N	100 S.E. SECOND STREET, SUITE 2750	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
		200 S. Biscayne Blvd, Suite 1880	Miami, FL 33131	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
		200 S. Biscayne Blvd, Suite 1880	Miami, FL 33131	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

2/28/01 561-482-1010  
Date Daytime Phone #

CR2E083 (11/00)