

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**  
 02-05-2002 90097 001 \*\*\*\*50.00

**DOCUMENT # L99000005176**

1. Entity Name

**S.N.M. ENTERPRISES L.C.**

Principal Place of Business

**200 S. BISCAYNE BLVD., SUITE 1880  
 MIAMI FL 33131**

Mailing Address

**200 S. BISCAYNE BLVD., SUITE 1880  
 MIAMI FL 33131**

**917191**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0951412**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**GOLDSTEIN, DAVID M ESQUIRE  
 200 S. BISCAYNE BLVD., SUITE 1880  
 MIAMI FL 33131**

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

*DAVID M. GOLDSTEIN*  
 (NOTE: Registered Agent signature required when reinstating)

DATE

*1/10/02*

**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  
**MGRM  
 MALNIK, ALVIN I  
 200 S. BISCAYNE BLVD., SUITE 1880  
 MIAMI FL 33131** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
**MGRM  
 MALNIK, SPENCER N  
 200 S. BISCAYNE BLVD., SUITE 1880  
 MIAMI FL 33131** ☐ Delete

TITLE  
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 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*

*1/17/02*

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

Date

Daytime Phone #

CR2E083 19/011

0007028