

2000 UNIFORM BUSINESS REPORT (UBR)

0007263 AF

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DOCUMENT # L99000006013

1. Entity Name
STANLEY METAL GROUP, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:04

Principal Place of Business
6001 BROKEN SOUND PKWY. N.W.
STE 406
BOCA RATON FL 33487

Mailing Address
6001 BROKEN SOUND PKWY. N.W.
STE 406
BOCA RATON FL 33487-2754

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0949096

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KRONGOLD AND TODD, P.A.
201 ALHAMBRA CIRCLE
STE 801
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
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 _____ (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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MILLER, STANLEY T 6001 BROKEN SOUND PKWY, N.W., STE 406 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEINER, STEWART 6001 BROKEN SOUND PKWY, N.W., STE 406 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FRIEDMAN, DAVID E 6001 BROKEN SOUND PKWY, N.W., STE 406 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	600003131396--2 -02/10/00--01087--001 *****100.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Stewart Weiner* **SIGNATURE REQUIRED** STEWART WEINER MGR 2/1/00 (561) 241-6080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)