

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006457

1. Entity Name

THE STAHL GROUP, L.L.C.

Principal Place of Business

600 N.E. 25 AVENUE
HALLANDALE FL 33009

Mailing Address

600 N.E. 25 AVENUE
HALLANDALE FL 33009-2877

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LEAVY, PETER H ESQ.
5975 SUNSET DRIVE, SUITE 301
SOUTH MIAMI FL 33143

7. Name and Address of New Registered Agent

Name DAVID STAHL
Street Address (P.O. Box Number is Not Acceptable)
600 NE 25 AVE
City HALLANDALE FL Zip Code 33009

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.

DAVID STAHL MGR

(NOTE: Registered Agent signature required when reinstating)

4.19.00

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME STAHL, DAVID
STREET ADDRESS 600 N.E. 25 AVENUE
CITY-ST-ZIP HALLANDALE FL 33009

TITLE
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4000003245724-00
-05/03/00-01123-024
*****50.00 *****50.00

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 OR MANAGER

4.19.00

Date

305-778-4212

Daytime Phone #

APPROVED
AND
FILED

00 APR 21 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MMN

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0961512

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (9/99)