

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006457

1. Entity Name
THE STAHL GROUP, L.L.C.

**APPROVED
AND
FILED**

00 APR 21 AM 11:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



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

MNM 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

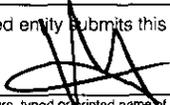
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

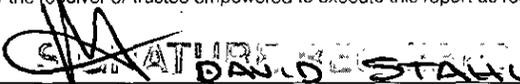
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  **DAVID STAHL MGR** **4.19.00**
Signature, typed or printed name of registered agent and title if applicable. (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STAHL, DAVID 600 N.E. 25 AVENUE HALLANDALE FL 33009 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003245724-00 <input type="checkbox"/> Change <input type="checkbox"/> Addition -05/03/00-01123-024 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:  **DAVID STAHL** **4.19.00** **305-778-4212**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)