

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L99000009016**

1. Entity Name  
**DEWITT STERN - HOFFMAN OF FLORIDA, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 SEP - 1 AM 10: 02

Principal Place of Business 1001 NORTH U.S. HIGHWAY ONE, SUITE 401 JUPITER FL 33477	Mailing Address 1001 NORTH U.S. HIGHWAY ONE, SUITE 401 JUPITER FL 33477
---	---



*[Handwritten Signature]*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
Zip	Country	Zip	Country	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOFFMAN, RICHARD C/O DEWITT STERN-HOFFMAN OF FLORIDA 1001 N. U.S. HIGHWAY 1, SUITE 401 JUPITER FL 33477		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/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEWITT STERN GROUP, INC. 420 LEXINGTON AVENUE NEW YORK NY 10170 <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	<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	<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	<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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

200003390252-7  
-09/12/00-01071-017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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 REQUIRED *[Signature]* Date: 8/28/00 Daytime Phone #: (212) 867 3550

CR2E083 (5/00)