

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90981 029 *****55.00

DOCUMENT # M00000000951

1. Entity Name

SOUTH FLORIDA ENTERPRISES OF DELAWARE, LLC

Principal Place of Business

3250 MARY STREET, STE 306
MIAMI FL 33133

Mailing Address

3250 MARY STREET, STE 306
MIAMI FL 33133

2. Principal Place of Business

3250 Mary Street, Ste 306
Suite, Apt. #, etc.

3. Mailing Address

3250 Mary Street, Ste 306
Suite, Apt. #, etc.

City & State

Miami Florida 33133

City & State

Miami Florida

Zip

33133

Country

USA

Zip

33133

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVINE, ALAN W
1110 BRICKELL AVE., 7TH FL
MIAMI FL 33131

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.

**NO
CHANGE**

SIGNATURE

Signature, typed or printed name of registered agent and true name of entity (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
STEINFURTH, PAUL C
3250 MARY STREET, STE 306
MIAMI FL 33133

☐ Delete

TITLE
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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ 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: **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

0007387

CR2E083 (9/01)