

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0027046

FILED
03 JAN 24 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

☒ Applied For
☐ Not Applicable

\$5.00 Additional
Fee Required

DOCUMENT # M02000002916

1. Entity Name
RICHARD STEIN, LLC



Principal Place of Business
**505 SOUTH FLAGLER DRIVE, STE. 405
WEST PALM BEACH FL 33401**

Mailing Address
**505 SOUTH FLAGLER DRIVE, STE. 405
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEIN, RICHARD
505 SOUTH FLAGLER DRIVE, STE. 405
WEST PALM BEACH FL 33401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
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 Florida Department of State
Due By May 1, 2003**

**700010680667
01/24/03--01008--005 **\$5.00**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
GIAQUINTO, GREGG
850 THIRD AVE.
NEW YORK NY 10022** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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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: *Gregg-Giaquinto*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/21/2003

Date

Daytime Phone #

CR2E083 (10/02)