

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M98000001349**

1. Entity Name

THE WHITESTONE GROUP, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP -8 AM 10:02

Principal Place of Business

1201 BRICKEL AVENUE, SUITE 210  
MIAMI FL 33131

Mailing Address

1201 BRICKEL AVENUE, SUITE 210  
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-3424836

Applied For

Not Applicable

Zip

Country

Zip

Country

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

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD.  
SUITE 508  
MIAMI FL 33156-0000

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

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGRM SLOANE, BARRY  
STREET ADDRESS 120 WEST 18TH STREET  
CITY-ST-ZIP NEW YORK NY 10011

TITLE NAME ☐ Change ☐ Addition  
7000003391887--4  
-09/13/00--01078--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
MGRM RUBIN, JEFFREY  
STREET ADDRESS 111 DEER RUN  
CITY-ST-ZIP ROSLYN NY 11577

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
MGRM WASSERMAN, BRIAN  
STREET ADDRESS 14 WILSHIRE DRIVE  
CITY-ST-ZIP SYOSSET NY 11791

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

*Brian Wasserman*

Date

Daytime Phone #

8/8/00

516-390-2252

CR2E083 (5/00)