## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jun 03, 2002 8:00 am Secretary of State DOCUMENT # P01000105948 05-20-2002 90076 025 \*\*\*150.00 1. Entity Name M. STEIN ENTERPRISES, INC. Principal Place of Business Mailing Address 811 SOUTHWEST SETH TERRACE 811 SOUTHWEST 56TH TERRACE PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For Not Applicable Zip \$8.75 Additional Certificate of Status Desired 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Stev SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 Plantation Zip Code 333 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. laxlo8te(n` SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PSTD ☐ Delete TITLE (9/01 Change Include Change Include ☐ Addition STEIN, MARLO T NAME NAME STREET ADDRESS 811 SOUTHWEST 56TH TERRACE STREET ADDRESS **CR2E034** CITY-ST-ZIP PLANTATION FL 33317 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ... Delete TITLE. - 🔁 Change 🖂 🔃 Addition -NAME\_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or dustee empeyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with

**FILED**