2002 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

07-01-2002 90354 020 ***150.00
P39344
FILED
02 JUL -9 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
B0126376

DOCUMENT # P39344

1. Entity Name
Stein Realty Investment Corp.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
10390 Santa Monica Bl.	10390 Santa Monica Blvd.
Suite, Apt. #, etc.: Suite 210	Suite, Apt. #, etc.: Suite 210
City & State: Los Angeles, CA [illegible]	City & State: Los Angeles, CA [illegible]
Zip: 90025 / Country: USA	Zip: 90025 / Country: USA

4. FEI Number: 95-3590277 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name: C T Corporation
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
City: Plantation **FL** Zip Code: 33324

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 CT CORPORATION 2/25/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CDP	TITLE	
NAME	Stien, Mitchell J.	NAME	
STREET ADDRESS	10390 Santa Monica Blvd. Ste 210	STREET ADDRESS	
CITY-ST-ZIP	Los Angeles, CA 90025	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	Stien, Mitchell J.	NAME	
STREET ADDRESS	10309Santa Monic Blvd. Ste 210	STREET ADDRESS	
CITY-ST-ZIP	Los Angeles, CA 90025	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	**DO NOT WRITE IN THIS SPACE**
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

13. 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________ 2/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #