

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00266

1. Entity Name

NEMANSTEIN REALTY, L.C.

Principal Place of Business

Mailing Address

5428 UNIVERSITY BLVD.
CHARCOAL PLAZA
LAUDERHILL FL 33351

311 MARKET STREET
KINGSTON PA 18704

FILED

01 JUL 18 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5428 UNIVERSITY BLVD.

Suite, Apt. #, etc.

CHARCOAL PLAZA

311 MARKET STREET

City & State

City & State

LAUDERHILL FL

KINGSTON PA

Zip

Country

Zip

Country

33351

USA

18704

USA

4. FEI Number

65-0211981

Applied For

Not Applicable

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

KORAL, DAVID
15645 COLLINS AVE
UNIT 908
MIAMI BEACH FL 33160

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)

7-11-01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001 \$5.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KORAL, DAVID
15645 COLLINS AVE., UNIT 908
MIAMI BEACH FL 33160

☐ Delete

TITLE
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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:

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

Date

Daytime Phone #

7-11-01 1570-2886428

CR2E083 (5/01)