

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90037 011 \*\*\*150.00

**DOCUMENT # 559409**

1. Entity Name

**LODESTONE, INC.**

Principal Place of Business

2650 NE 189TH ST  
 SUITE 210  
 N MIAMI BEACH FL 33180  
 US

Mailing Address

2650 NE 189TH ST  
 SUITE 210  
 N MIAMI BEACH FL 33180-2628  
 US

2. Principal Place of Business

**20764 W. Dixie Highway**  
 Suite, Apt. #, etc.

3. Mailing Address

**20764 W. Dixie Highway**  
 Suite, Apt. #, etc.

City & State  
**Aventura, FL**

City & State  
**Aventura, FL**

4. FEI Number **59-2020379**

Applied For  
 Not Applicable

Zip  
**33180-1146**

Country  
**USA**

Zip  
**33180-1146**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**AIN, CLIFFORD B. ASSOCIATES, P.A.**  
**2650 NE 189TH ST**  
**NORTH MIAMI BEACH FL 33180**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**20764 West Dixie Highway**  
 City  
**Aventura FL** Zip Code  
**33180-1146**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>USTER, JOHN</b>		NAME	
STREET ADDRESS <b>260 SPADINA AVE SUITE 300</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TORONTO, CANADA M5T 2</b>		CITY-ST-ZIP <b>TORONTO, CANADA M5T 2E4</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ **JOHN USTER** DATE: **1/24/00** DAY/TIME PHONE #: **(305) 931-9844**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)