

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001832

1. Entity Name

STATON OPERATIONS, INC.

FILED

Apr 11, 2001 8:00 am  
Secretary of State

04-11-2001 90087 012 \*\*\*150.00

Principal Place of Business

1172 SOUTH DIXIE HWY  
481  
MIAMI FL 33146  
US

Mailing Address

2665 S. BAYSHORE DR  
SUITE 703  
MIAMI FL 33133  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

One Southeast Third Avenue

Suite, Apt. #, etc.

Suite 2130

City & State

Miami, FL 33131

Zip

Country

USA

4. FEI Number 65-0656440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES  
2665 S. BAYSHORE DR  
SUITE 703  
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name COPROLITE CORPORATION

Street Address (P.O. Box Number is Not Acceptable)  
One Southeast Third Avenue

Suite 2130

City Miami

FL

Zip Code 33131

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

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, 2001 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

TITLE DP ☐ Delete  
NAME STATON, ALBERT H JR  
STREET ADDRESS 1172 S DIXIE HWY, #481  
CITY-ST-ZIP MIAMI FL 33146

TITLE DVT ☐ Delete  
NAME STATON, MARY JANE  
STREET ADDRESS 1172 S DIXIE HWY, #481  
CITY-ST-ZIP MIAMI FL 33146

TITLE AS ☒ Delete  
NAME RICHARDS, TIMOTHY D  
STREET ADDRESS 2665 S. BAYSHORE DRIVE, SUITE 703  
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Secretary ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Change ☒ Addition  
NAME BLASS, STEPHEN A.  
STREET ADDRESS ONE SOUTHEAST THIRD AVENUE, SUITE 2130  
CITY-ST-ZIP MIAMI, FL 33131

TITLE AS ☐ Change ☒ Addition  
NAME KING, KRISTY  
STREET ADDRESS 1172 So. Dixie Hwy., #481  
CITY-ST-ZIP Coral Gables, FL 33146

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert H. Staton, Jr. 3/22/01

Date

305-662-9504

Daytime Phone #

CR2E034 (10/00)