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## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9400000246 00 APR -5 AH 8: 24 1. Entity Name FIELDSTONE EQUITIES, L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1750 S. YOUNG CIRCLE, #201 PO BOX 4077 DEERFIELD BEACH FL 33442-4077 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0542257 Not Applicable Country \$5.00 Additional Zip \_\_ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FIRESTONE, DEBORAH E Street Address (P.O. Box Number is Not Acceptable) 7910 TENNYSON CT. **BOCA RATON FL 33433** Zip Code FL 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ZU DADITONI EHANGES 52 -- U MANAGING MEMBERS/MEMBERS 10. 9. -04/20/00--01**@lchlege**-00**4** Addition CR2E083 (9/99 MGR TITLE Delete TITLE \*\*\*\*\*50.80 \*\*\*\*\*50.80 EPSTEIN, JOANNE NAME NAME 8950 WESTPARK #312 STREET ADDRESS STREET ADDRESS **HOUSTON TX 77063** CITY-8T-ZIP CITY-ST-7IP Change Addition Delate TITLE TITLE EVERGREEN REALTY CORPORATION OF TEXAS NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 630923 CITY-ST-ZIP **HOUSTON TX 77263** CITY-ST-ZIP Change Addition Delcte TITLE NAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP CITY-ST-70 Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-87-ZIP CITY- ST- ZIP Change Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-87-ZIP CITY- ST- ZIP Change Addition 🗌 October 1 TITLE tritte NAME STREET ADDRESS ----- 4008125 CITY-ST-ZIP CITY-8T-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER