APPROVED **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 1 94000000 246 FIELDSTONE EQUITIES, LC 01 APR 27 AM II: 44 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 141 NW 20th STREET PO BOX 4077 DEERFIELD BEACH #6 107 FL 33442-4017 BOCA RATON, FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-054225 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FIRESTONE, DEBURAH E Name 7910 TENNYSON CT Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33433 City 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. DATE (NOTE: Registered Agent signature required when reinstating) ANFILE NOW!!! FEE;IS 5 50,00 A Arter MAY (1 2001) Fee; will be \$550.00 Make/Chack Payable to Department of State 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 TITLE MGR ☐ Delete TITLE **800004194568**— -05/10/01--01132--012 EPSTEIN, JOANNE NAME NAME 8950 WESTPARK #3/2 STREET ADDRESS STREET ADDRESS *****50.00 *****50.00 CITY-ST-ZIP HOUSTON, TX 77063 CITY-ST-ZIP EVERGREEN REALTY CORP OF TEXAS ☐ Change ☐ Addition TITLE TITLE NAME NAME PO BOX 630923 STREET ADDRESS STREET ADDRESS. HOUSTON TX 77263 CITY-ST-ZIP CITY-ST-2IP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete [] Change □ Addition NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP 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.