

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90165 048 ****70.00

DOCUMENT # N38784

1. Entity Name

PROJECT REEFKEEPER, INC.

Principal Place of Business

**2809 BIRD AVE
 SUITE 162
 MIAMI FL 33133
 US**

Mailing Address

**2809 BIRD AVENUE. 162
 SUITE 162
 MIAMI FL 33133-4668
 US**

2. Principal Place of Business

3. Mailing Address

2809 BIRD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 162

City & State

MIAMI FL

Zip

Country

Zip

Country

33133-4668

USA

4. FEI Number

65-0208538

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75-Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STONE, ALEXANDER
 2809 BIRD AVENUE
 162
 MIAMI FL 33149**

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)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **STONE, ALEXANDER**
 CITY-ST-ZIP **459 SW 18TH TERRACE**
MIAMI FL

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **DURANZA, LADISLAO**
 CITY-ST-ZIP **1353 SW 1 ST #3**
MIAMI FL

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **ARBUTHNOTT, KATHY**
 CITY-ST-ZIP **459 SW 18TH TERR**
MIAMI FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Alexander Stone** **ALEXANDER STONE** **2-1-00** **(305) 358-4600**

CR2E037 (9/99)