2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

S92795

1. Entity Name STOFURNCO, INC.



Apr 07, 2003 8:00 am & Secretary of State **FILED**

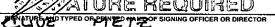
				S WE T				
Principal Place of Business 2875 NE 191ST STREET #900 AVENTURA FL 33180 US		2875 #9 0 0	Mailing Address 2875 NE 191ST STREET #900 AVENTURA FL 33180 US					
2. Principal Place of Business			3. Mailing Address			1 10011048 140 10410 F4011 10810 18104 8F11 8F811		####
Suite, Apt	#, etc.	Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING	3 CHANGES	
City & Sta	te	City	City & State			4. FEI Number 65-0295195	<u> </u>	oplied For
Zip	Country	Zip		Country		5. Certificate of Status Desired	\$8.75 Add	ditional
	6. Name and Address of Currer	ıt Registere	ed Agent			7. Name and Address of New Registered		···
				Name				
METZ, CLIVE 2875 NE 191ST STREET				Street Add	lress (P.	O. Box Number is Not Acceptable)		
SUITE 90	0							
AVENTURA FL 33180						FL	Zip Cod	e
8. The above	e named entity submits this statement	for the purp	ose of changing its r	egistered office or re	gistered	d agent, or both, in the State of Florida. I am	familiar with,	and accept
trie obliga	tions of registered agent.							
SIGNATURE	*							
	Signature, typed or printed name of registered ager	nt and title if app	licable. (NOTE:	Registered Agent signature of	required w	when reinstating) DATE		
	ILE NOW!!! FEE IS \$150.00			• •				
	r May 1, 2003 Fee will be \$550.00					Selection Campaign Financing Trust Fund Contribution.		May Be
Make Check	Repartment of Payable to Florida Department	of State				Hast / sind Corkinsdashi.		10100
10.	OFFICERS AND	DIRECTO	RS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR:	S IN 11
TITLE `	DP CLUE		☐ Delete	TITLE			Change	☐ Addition
NAME	METZ, CLIVE			NAME				
STREET ADDRESS	2875 NE 191 STREET #900 AVENTURA FL 33180			STREET ADDRESS				
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NAME				NAME			•	
STREET ADDRESS				STREET ADDRESS				

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



305-935-7544.