

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

0401388  
 AV

**DOCUMENT # 185642**

1. Entity Name  
**STOFIN CO., INC.**



03-19-2002 90015 007 \*\*\*150.00

Principal Place of Business  
**340 ROYAL POINCIANA WAY STE 316**  
**PALM BEACH FL 33480**

Mailing Address  
**340 ROYAL POINCIANA WAY STE 316**  
**P.O. BOX 1059**  
**PALM BEACH FL 33480**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**One North Clematis St.**  
 Suite, Apt. #, etc.  
**Suite 200**

3. Mailing Address  
**One North Clematis St.**  
 Suite, Apt. #, etc.  
**Suite 200**

4. FEI Number **59-0782336** 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					
<b>TABERNILLA, ARMANDO A</b> <b>340 ROYAL POINCIANA WAY STE 316</b> <b>PALM BEACH FL 33480</b>				Name					
				Same					
				Street Address (P.O. Box Number is Not Acceptable)					
				One North Clematis ST.					
				Suite 200					
				City		FL		Zip Code	
				West Palm Beach				33401	

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 \_\_\_\_\_ (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, 2002 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>SEE ATTACHED</b>	
NAME	RECIO, ALBERTO S.		NAME				
STREET ADDRESS	316 ROYAL POINCIANA PL.		STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERNANDEZ, OSCAR R.		NAME				
STREET ADDRESS	316 ROYAL POINCIANA PL.		STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP				
TITLE	DEV	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARSON, DONALD W		NAME				
STREET ADDRESS	316 ROYAL POINCIANA PLZ		STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP				
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLOMQUIST, ERIK J		NAME				
STREET ADDRESS	340 ROYAL POINCIANA WAY STE 316		STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERNANDEZ, LUIS J		NAME				
STREET ADDRESS	340 ROYAL POINCIANA WAY STE. 316		STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP				
TITLE	VSGC	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TABERNILLA, ARMANDO A		NAME				
STREET ADDRESS	340 ROYAL POINCIANA WAY STE. 316		STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH FL 33480		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: Armando A. Tabernilla 3/4/02 561-655-6303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

ATTACHMENT TO  
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 185642

1. Corporation Name

STOFIN CO., INC.

425344

☛ - CONTINUED ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ☛

TITLE	V
NAME	Hernandez, Oscar R.
STREET ADDRESS	One North Clematis St., Suite 200
CITY - ST-ZIP	West Palm Beach, FL 33401

ATTACHMENT TO  
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 185642

1. Corporation Name

STOFIN CO., INC.

425544

CONTINUED ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE NAME STREET ADDRESS CITY-ST-ZIP	X D/P Recio, Alberto S. One North Clematis St., Suite 200 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	K V/AS/Real Estate Counsel Ross, Daniel D., Esq. One North Clematis St., Suite 200 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X V Ryan, Allan A., IV One North Clematis St., Suite 200 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X V/AS/Litigation Counsel Tarr, William F., Esq. One North Clematis St., Suite 200 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY - ST-ZIP	λ D/EV/AS Carson, Donald W. One North Clematis St., Suite 200 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY - ST-ZIP	λ V/T Blomqvist, Erik J. One North Clematis St., Suite 200 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY - ST-ZIP	λ D/V/S/GC Tabernilla, Armando A. One North Clematis St., Suite 200 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY - ST-ZIP	λ V Fernandez, Luis J. One North Clematis St., Suite 200 West Palm Beach, FL 33401