

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

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

0401338  
 AV

**DOCUMENT # 185642**

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



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**

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**

4. FEI Number **59-0782336**

Applied For  
 Not Applicable

Zip  
**33401**

Country

Zip  
**33401**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TABERNILLA, ARMANDO A**  
**340 ROYAL POINCIANA WAY STE 316**  
**PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name  
**Same**  
 Street Address (P.O. Box Number is Not Acceptable)  
**One North Clematis ST.**  
**Suite 200**  
 City **West Palm Beach** **FL** Zip Code **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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RECIO, ALBERTO S. 316 ROYAL POINCIANA PL. PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERNANDEZ, OSCAR R. 316 ROYAL POINCIANA PL. PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV CARSON, DONALD W 316 ROYAL POINCIANA PLZ PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BLOMQUIST, ERIK J 340 ROYAL POINCIANA WAY STE 316 PALM BEACH FL 33480	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERNANDEZ, LUIS J 340 ROYAL POINCIANA WAY STE. 316 PALM BEACH FL 33480	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSGC TABERNILLA, ARMANDO A 340 ROYAL POINCIANA WAY STE. 316 PALM BEACH FL 33480	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SEE ATTACHED</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  
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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

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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