## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

F0100005863

1. Entity Name

STONEHAVEN TRADING USA CORP.



FILED Apr 04, 2003 8:00 am Secretary of State

Scerciary of State	
04-04-2003 90083 040 ***158.75	

Principal Place of Business 2717 WEST CYPRESS CREEK ROAD FT. LAUDERDALE FL 33309		Mailing Address 2717 WEST CYPRESS CREEK ROAD FT. LAUDERDALE FL 33309					
2. Principal Place of Business		3. Mailing Address				18118 81188 1111 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 88-046031	16	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Fee Rec	Additional quired	
	6. Name and Address of Current	Registered Agent		7. Name and Address of Nev	v Registered Agent		
ROGUL, A	NDREW	<del></del>		Street Address (P.O. Box Number is Not Acceptable)			
2717 WES	T CYPRESS CREEK ROAD		- Street Addies	oo (i.o. box rumbor to riot riot pla			
ft. Laude	erdale fl 33309					Į.	
•		•	City		FL Zip	Code	
	named entity submits this statement for ions of registered agent.				Florida. I am familiar v	with, and accept	
	Signature, typed or printed name of registered agent	and title if applicable. (Ne	OTE: Registered Agent signature requ	uired when reinstating)	DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	f State		9. Election Campaign Trust Fund Contribu		55.00 May Be dded to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO O	FFICERS AND DIREC	TORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSCD SHAW, WALTER 2717 WEST CYPRESS CREEK RO FT. LAUDERDALE FL 33309	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chai	nge	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KREATSOULAS, VASSILIOS 2717 WEST CYPRESS CREEK RO FT. LAUDERDALE FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chai	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGUL, ANDREW 2717 WEST CYPRESS CREEK RO FT. LAUDERDALE FL 33309	. □-Delete	NAME STREET ADDRESS CITY-ST-ZIP		Chai	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chai	nge Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Chai	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Char		
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	true and accurate and that	for the exemption stated in	Section 119.07(3)(i), Florida Statute	s. I further certify that t	the information	

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.

**SIGNATURE:**