FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

08-29-2002 90004 050 ****70.00

FILED
F73213
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 29 PM 4:01

DOCUMENT # F73213

1. Entity Name
Stanley Enterprise, Inc

Amended

DO NOT WRITE IN THIS SPACE

977251

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2. Principal Place of Business	3. Mailing Address
291 Sunny Isles BLVD	291 Sunny Isles Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: No Miami Bch, FL	City & State: No Miami Bch, FL
Zip: 33160 Country: Dade	Zip: 33160 Country: Dade

4. FEI Number: 59-2235024 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ X **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Stuart Socol

Street Address (P.O. Box Number is Not Acceptable): 20810 W Dixie Hwy

City: Miami FL Zip Code: 33010

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: _____ Stuart Socol 8/15/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	Neil Klein
STREET ADDRESS	445 Dover C
CITY-ST-ZIP	W Palm Bch, FL 33417
TITLE	S/T
NAME	Sally Barr
STREET ADDRESS	1955 Panola Rd, Suite 200
CITY-ST-ZIP	Ellenwood, GA 30294
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sally E Barr Sally E Barr 8/15/02 (770) 474-4866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/4/02 dp