2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am Secretary of State F94000001141 DOCUMENT # 1. Entity Name 02-21-2002 90104 005 ***158.75 STAMFORD HOLDING, INC. Principal Place of Business Mailing Address 153 SEVILLA AVENUE P.O. BOX 140668 **CORAL GABLES FL 33134 CORAL GABLES FL 33134** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional Χī 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MJF REGISTERED AGENT CORP Street Address (P.O. Box Number is Not Acceptable) **153 SEVILLA AVENUE** 153 SEVILLA AVE **CORAL GABLES FL 33134** City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be -Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Delete TITLE Change [] Addition ALFARO DE ALBA, ELOY NAME NAME STREET ADDRESS CALLE 50, PLAZA BANCOMER STREET ADDRESS PANAMA, REP. DE PANAMA CITY-ST-ZIP CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Change ☐ Addition NAME TAPIA CEDENO, JAN FELIPE NAME STREET ADDRESS CALLE 50. PLAZA BANCOMER STREET ADDRESS CITY-ST-ZIP PANAMA, REP. DE PANAMA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MONTES GOMEZ, JUAN ARTURO NAME STREET ADDRESS CALLE 50, PLAZA BANCOMER STREET ADDRESS CITY-ST-ZIP PANAMA REP. DE PANAMA CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

address, with all other like empowered.

changed, or on an attachment with

2-6-02

305-442-1567

Daytime Phone #

Date

FILED

000001141

Law Offices MICHAEL J. FREEMAN, P.A. 153 Sevilla Avenue Coral Gables, Florida 33134-6006

Reply to: P.O. Box 140668 Coral Gables, Florida 33114-0668

Tel: (305) 442-1567 Fax: (305) 442-1227

February 6, 2002

Secretary of State Division of Corporations Uniform Business Report Filing P.O. Box #1500 Tallahassee, Florida 32302-1500

STAMFORD HOLDING, INC. Document #F94000001141

Gentlemen:

Enclosed please find the following documents for the referenced corporation:

- 1. Executed 2002 Uniform Business Report;
- My check # 12964 in the amount of \$158.75 representing the filing fee in the amount of \$150.00 and \$8.75 for a Certificate of Status.

Thank you for your courtesies in this matter.

Very truly yours,

MICHAEL J. FREEMAN

MJF:1c

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