

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90082 007 ***150.00

C0083243

DO NOT WRITE IN THIS SPACE

DOCUMENT # **H90929**
 1. Entity Name
STONE KYOTIE CORPORATION

Principal Place of Business
8415 SW 107 AVE
SUITE 135-W
MIAMI, FL 33173

Mailing Address
8415 SW 107 AVE
SUITE 135-W
MIAMI, FL 33173

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

Zip Country Zip Country

4. FEI Number
59-262-1853

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

DAVID RALPH BAKER
8415 SW 107 AVE
SUITE 135-W
MIAMI, FL 33173

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2000 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 ☐ Delete
 NAME **DAVID RALPH BAKER**
 STREET ADDRESS **8415 SW 107 AVE #135-W**
 CITY-ST-ZIP **MIAMI, FL 33173**

TITLE ☐ Delete
 NAME **LILLIAN B. BAKER**
 STREET ADDRESS **8415 SW 107 AVE #135-W**
 CITY-ST-ZIP **MIAMI, FL 33173**

TITLE ☐ Delete
 NAME **NANCY B. PRIEST**
 STREET ADDRESS **8415 SW 107 AVE #136-W**
 CITY-ST-ZIP **MIAMI, FL 33173**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: **DRB** **DAVID RALPH BAKER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 APRIL 2000 (262) 333-9100
 Date Daytime Phone #

CR2E034 (9/99)