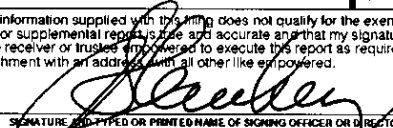


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91213 037 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J98832		
1. Entity Name STONEHILL TRADING LTD., INC.		
Principal Place of Business 15251 LAKE OF DELRAY BLVD, #333 DELRAY BEACH, FL 33484 US		Mailing Address 1800 PURDY AVE 902 MIAMI BCH, FL 33139 US
2. Principal Place of Business		3. Mailing Address 15251 LAKES OF DELRAY BLVD.
Suite, Apt. #, etc.		Suite, Apt. #, etc. 333
City & State DELRAY BEACH		City & State DELRAY BEACH
Zip 33484	Country US	4. FEI Number 65-0007694
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable
6. Name and Address of Current Registered Agent STEINBERG, LEWIS M. 15251 LAKES OF DELRAY BLVD, #333 DELRAY BEACH, FL 33484		
7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning.) DATE _____		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST STEINBERG, LEWIS 15251 LAKES OF DELRAY BLVD, #333 DELRAY BEACH, FL 33484 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address and all other like empowered.		
SIGNATURE:  SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-15-03 305-695-9490 Date Daytime Phone #

11005249



CHECK HERE IF MAKING CHANGES

CR2EC34 (10/02)