

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009499

1. Entity Name

STONE HOLDINGS, L.L.C.

Principal Place of Business

12920 ALEXANDRIA DRIVE  
OPA LOCKA FL 33054

Mailing Address

12920 ALEXANDRIA DRIVE  
OPA LOCKA FL 33054

2. Principal Place of Business

8321 NW 90th St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Medley, FL

City & State

Zip

33166

Country

USA

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'NGHTEN, JUAN T  
2665 SOUTH BAYSHORE DRIVE, SUITE 200  
MIAMI FL 33133

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 26, 2001**

700004474947-4  
-07/13/01--01072--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
Thomas W. Van Bree  
7790 SW 128 St.  
Pinecrest, FL 33156 ☐ 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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CITY-ST-ZIP  
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Thomas W. Van Bree*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/6/01

Date

(305-688-1561)

Daytime Phone #

CR2E083 (5/01)