

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009849

1. Entity Name

STONE VENTURES, L.L.C.

FILED

01 JUL -9 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

12920 ALEXANDRIA DRIVE  
OPA LOCKA FL 33054

12920 ALEXANDRIA DRIVE  
OPA LOCKA FL 33054

2. Principal Place of Business

3. Mailing Address

8321 NW 90th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MEDLEY FL

Zip

Country

Zip

Country

331

USA

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

mmh



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'NAGHTEN, JUAN T  
GRAND BAY PLAZA, SUITE 200  
2665 S. BAYSHORE DRIVE  
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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete  
NAME *Managing Member*  
STREET ADDRESS *Thomas W. Van Bort*  
CITY-ST-ZIP *7740 SW 128 ST PINECREST, FL 33156*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

4/30/01 (305) 688-1461

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CR2E083 (11/00)