

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90271 021 \*\*\*\*50.00

**DOCUMENT # L01000003603**

1. Entity Name  
**THSTONE, LLC**

Principal Place of Business      Mailing Address  
**2851 S. OCEAN BOULEVARD, UNIT 7V**      **2851 S. OCEAN BOULEVARD, UNIT 7V**  
**BOCA RATON FL 33432**      **BOCA RATON FL 33432**

2. Principal Place of Business      3. Mailing Address  
**4521 N. DIXIE HWAY.**      **4521 N. DIXIE HWAY**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**BOCA RATON FL**      **BOCA RATON FL**  
Zip      Country      Zip      Country  
**33431**      **USA**      **33431**      **USA**

4. FEI Number      Applied For  
**65-1096679**      Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**FISCHLER, MICHAEL A ESQ.**  
**C/O FISCHER & FRIEDMAN, P.A.**  
**116 S.E. 6TH COURT**  
**FORT LAUDERDALE FL 33301**

## 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.

SIGNATURE *Marcel Patenaude*  
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 May 1, 2002**

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE      MGR      ☐ Delete  
NAME      **ALEXANDRA, SONIA**  
STREET ADDRESS      **2851 S. OCEAN BOULEVARD, UNIT 7V**  
CITY-ST-ZIP      **BOCA RATON FL 33432**

TITLE      ☒ Change      ☐ Addition  
NAME      **ALEXANDRA SONIA**  
STREET ADDRESS      **378 S. Mizner Apt 1901**  
CITY-ST-ZIP      **Boca Raton, FL 33432**

TITLE      MGR      ☐ Delete  
NAME      **PATENAUE, MARCEL**  
STREET ADDRESS      **2851 S. OCEAN BOULEVARD, UNIT 7V**  
CITY-ST-ZIP      **BOCA RATON FL 33432**

TITLE      ☒ Change      ☐ Addition  
NAME      **PATENAUE MARCEL**  
STREET ADDRESS      **10437 QUAIL COVEY RD**  
CITY-ST-ZIP      **BOYNTON BEACH FL 33436**

TITLE      ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE      ☐ Delete  
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TITLE      ☐ Change      ☐ Addition  
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TITLE      ☐ Change      ☐ Addition  
NAME  
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 or 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 #

*4/20/02*      *561-361-3966*

CR2E083 (9/01)