

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90210 032 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *L01000010626*

1. Entity Name

STONE-MURRAY GROUP LLC

961118

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7370 NW 36 ST. SUITE 325 I

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

4. FEI Number

Applied For☒ Applied For☐ Not ApplicableZip *33166*Country *USA*

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BUSINESS FILINGS INCORPORATED

Street Address (P.O. Box Number is Not Acceptable)

*1000 WEST AVENUE**SUITE 1114*City *MIAMI BEACH*

FL

Zip Code

*33139***DO NOT WRITE
IN THIS SPACE**

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) ☐

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE *W. ARTHUR STONE, Director*
 NAME
 STREET ADDRESS *7370 NW 36 ST. SUITE 325 I*
 CITY-STATE-ZIP *MIAMI, FL 33166*

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE *JAMES A. MURRAY, Director*
 NAME
 STREET ADDRESS *7370 NW 36 ST. SUITE 325 I*
 CITY-STATE-ZIP *MIAMI, FL 33166*

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *W. Arthur Stone* / *W. Arthur Stone, Director* 4/26/02 305-639-0770
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)