

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90137 024 \*\*\*\*50.00

**DOCUMENT # L01000016829**

1. Entity Name  
**STONE ETCHINGS, LLC**

Principal Place of Business

7911 NW 72ND AVE.  
PMB 105-60  
MEDLEY FL 33166

Mailing Address

7911 NW 72ND AVE.  
PMB 105-60  
MEDLEY FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1147419

Applied For

Not Applicable

5. Certificate of Status Desired

☐ - \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NATURMAN, STEVEN H  
9130 SOUTH DADELAND BLVD.  
SUITE 150  
MIAMI FL 33156

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

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

TITLE MGRM ☐ Delete  
NAME SOOKNARINE, ROGER  
STREET ADDRESS 7911 NW 72ND AVE.  
CITY-ST-ZIP MEDLEY FL 33166

TITLE MGRM ☐ Delete  
NAME JEROME, KYMBERLAND  
STREET ADDRESS 7911 NW 72ND AVE.  
CITY-ST-ZIP MEDLEY FL 33166

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☒ Addition  
NAME **OF MGR OFFICE**  
STREET ADDRESS **RACQUEL MURPHY**  
CITY-ST-ZIP **7911 NW 72nd AVE PMB 105-60 MEDLEY FL 33166**

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

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

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

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

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:

*Racquel Murphy*  
**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

4/27/02

305-888-6206

0010867

CR2E083 (9/01)