

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018018

1. Entity Name

HEARTSTONE DEVELOPERS, L.L.C.

Principal Place of Business

357 EL GRECO DR.
OSPNEY FL 34229

Mailing Address

357 EL GRECO DR.
OSPNEY FL 34229

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

C/O Dominick Caccavella

Suite, Apt. #, etc.

14 Orchid Court

City & State

Edison, NJ

Zip

08820

Country

4. FEI Number

90-0002781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRACY, DENNIS J ESQ.
229 PENSACOLA RD.
VENICE FL 34285

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 NAME ☐ Delete
MGRM
Dominick Caccavella
STREET ADDRESS
14 Orchid Court
CITY-ST-ZIP
Edison, NJ 08820

TITLE NAME ☐ Delete
MGR
Louis Castellanos
STREET ADDRESS
320 Warrentville Road
CITY-ST-ZIP
Green Brook, NJ 08812

TITLE NAME ☐ Delete
MGR
Vito Lochiatto
STREET ADDRESS
9 Orchid Court
CITY-ST-ZIP
Edison, NJ 08820

TITLE NAME ☐ Delete
MGR
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MGR
Vito Lochiatto
STREET ADDRESS
9 Orchid Court
CITY-ST-ZIP
Edison, NJ 08820

10. ADDITIONS/CHANGES

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED

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

Date

Daytime Phone #

FILED
Jul 11, 2002 8:00 am
Secretary of State

06-23-2002 90505 028 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)

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C/O Dominick Caccavella

Suite, Apt. #, etc.

14 Orchid Court

City & State

Edison, NJ

Zip

08820

Country

4. FEI Number

40-0002781

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional

6. Name and Address of Current Registered Agent

TRACY, DENNIS J ESQ.
229 PENSACOLA RD.
VENICE FL 34285

8. The above named entity submits this statement for the purpose of changing its register

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Register

FILE NOW!!!**Make Check Payable to
Due By Me**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Dominick Caccavella 14 Orchid Court Edison, NJ 08820	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Louis Castellanos 320 Warrenville Road Green Brook, NJ 08812	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Vito Lochiatto 9 Orchid Court Edison, NJ 08820	<input type="checkbox"/> Delete
--	---	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED**

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

Date

Daytime Phone #

9-1046
Attachment

DO NOT WRITE IN THIS SPACE

Provided
as requested

Thank You

CR2E