

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000015

1. Entity Name
STONEBRIDGE, L.C.

Principal Place of Business
1990 N.E. 163RD STREET
SUITE 205
MIAMI FL 33162

Mailing Address
1990 N.E. 163RD STREET
SUITE 205
MIAMI FL 33162

2. Principal Place of Business
2921 Stirling Road
Suite, Apt. #, etc.

3. Mailing Address
2921 Stirling Road
Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip
33312

Country
Broward

Zip
33312

Country
Broward

4. FEI Number 65-0544211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARKS, JEFFREY N
1990 N.E. 163RD STREET
SUITE 205
MIAMI FL 33162

7. Name and Address of New Registered Agent

Name
Marks, Jeffrey N.
Street Address (P.O. Box Number is Not Acceptable)
2921 Stirling Road
City
Fort Lauderdale FL Zip Code
33312

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 _____ DATE 1/29/01

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MARKS, JEFFREY N
1990 N.E. 163RD STREET
MIAMI FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Marks, Jeffrey N.
2921 Stirling Road
Fort Lauderdale, FL 33312 ☒ Change ☐ Addition

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

TITLE
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☐ Change ☐ Addition

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: Jeffrey N. Marks, President 1/29/01 954-966-6434

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

Date

Daytime Phone #

FILED

01 FEB 23 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)