

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M55822

1. Entity Name

THE BREAKSTONE GROUP, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90175 032 ***150.00

Principal Place of Business

2875 NE 191ST ST
 #500
 AVENTURA FL 33180
 US

Mailing Address

2875 NE 191ST ST
 #500
 AVENTURA FL 33180-2832
 US

2. Principal Place of Business

1200 Ponce De Leon Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Coral Gables, FL 33143

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2826107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BREAKSTONE, NOAH
 2875 NE 191ST ST STE #500
 AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

SAME

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

1200 Ponce De Leon Blvd

City

Coral Gables,

FL

Zip Code

33143

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BREAKSTONE, ARTHUR	
STREET ADDRESS	2875 NE 191ST STREET STE 500	
CITY-ST-ZIP	AVENTURA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BREAKSTONE, NOAH	
STREET ADDRESS	2875 NE 191ST ST STE 500	
CITY-ST-ZIP	AVENTURA FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BREAKSTONE, JULIE	
STREET ADDRESS	2875 NE 191ST ST STE 500	
CITY-ST-ZIP	AVENTURA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1200 Ponce De Leon Blvd.	
CITY-ST-ZIP	Coral Gables, FL 33143	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1200 Ponce De Leon Blvd.	
CITY-ST-ZIP	Coral Gables, FL 33143	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1200 Ponce De Leon Blvd.	
CITY-ST-ZIP	Coral Gables, FL 33143	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)