

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M55822

1. Entity Name

THE BREAKSTONE GROUP, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90142 009 ***150.00

Principal Place of Business

1200 PONCE DE LEON BLVD
CORAL GABLES FL 33143
US

34

Mailing Address

2675 NE 197TH ST
#500
AVENTURA FL 33180
US

2. Principal Place of Business

1200 Ponce de Leon Blvd.

3. Mailing Address

1200 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

US

Zip

33134

Country

US

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
1200 PONCE DE LEON BLVD
CORAL GABLES FL 33143

34

7. Name and Address of New Registered Agent

Name Breakstone, Noah

Street Address (P.O. Box Number is Not Acceptable)
1200 Ponce de Leon Blvd.

City Coral Gables, FL

FL

Zip Code

33134

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 file 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, 2001 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
NAME BREAKSTONE, ARTHUR
STREET ADDRESS 1200 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL 33143 ☐ Delete

TITLE PD
NAME BREAKSTONE, NOAH
STREET ADDRESS 1200 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL 33143 ☐ Delete

TITLE SD
NAME BREAKSTONE, JULIE
STREET ADDRESS 1200 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD
NAME Breakstone, Arthur ☒ Change ☐ Addition
STREET ADDRESS 1200 Ponce de Leon Boulevard
CITY-ST-ZIP Coral Gables, Florida 33134

TITLE PD
NAME Breakstone, Noah ☐ Change ☐ Addition
STREET ADDRESS 1200 Ponce de Leon Boulevard
CITY-ST-ZIP Coral Gables, Florida 33134

TITLE SD
NAME Breakstone, Julie ☐ Change ☐ Addition
STREET ADDRESS 1200 Ponce de Leon Boulevard
CITY-ST-ZIP Coral Gables, Florida 33134

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

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

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

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

4/30/01

Date

(305) 705-0001

Daytime Phone #

CRZE034 (10/00)

0164500