

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90182 005 ***150.00

DOCUMENT # P00000005441

1. Entity Name
EINSTONE, INC.



Principal Place of Business
4649 PONCE DE LEON BLVD.
#400
MIAMI FL 33146

Mailing Address
4649 PONCE DE LEON BLVD.
#400
MIAMI FL 33146

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 **65-0637353**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIRKIN, MARK H ESQ.

C/O MIRKIN & WOOLF, P.A.

1700 PALM BEACH LAKES BLVD. #580

WEST PALM BEACH FL 33401

Name

MARK MIRKIN, ESQ

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

410 SMITH MOORE LLP

7711 North Military Trail, Ste 3014

City

PALM BEACH GARDENS, FL

Zip Code

33410

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SEAGREN, DAG**
CITY-ST-ZIP **90 EDGEWATER DRIVE #818**
CORAL GABLES FL 33133

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **SEAGREN, DAG**
CITY-ST-ZIP **521 SAN LORENZO**
CORAL GABLES, FL 33146

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SEAGREN, LARS**
CITY-ST-ZIP **90 EDGEWATER DRIVE #818**
CORAL GABLES FL 33133

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LARSEN, CHARLES E**
CITY-ST-ZIP **3890 STEVE REYNOLDS BLVD.**
NORCROSS FL 30093

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **LARSEN, CHARLES E**
CITY-ST-ZIP **2750 PREMIER PKWAY.**
DELUATH, GA 30097

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/03 (305) 465-8600

Date

Daytime Phone #

CR2E034 (10/02)