2001 UNIFORM BUSINESS REPORT (UBR) Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P00000087150 1. Entity Name INTERNATIONAL STONE CREATIONS INC. 04-05-2001 90095 022 ***150.00 Principal Place of Business Mailing Address 3119 MILLWOOD TERR, M139 3119 MILLWOOD TERR, M139 **BOCA RATON FL 33431 BOCA RATON FL 33431** ncipal Place of Business. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Lander- Ashley-P_ Street Address (P.O. Box Number is Not Acceptable) 3119 MILLWOOD TERR, M139 BOCA RATON FL 33431 City Zip Code FL HJ. 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PERRY, JONATHON P NAME STREET ADDRESS 43 NW 45TH AVE., #208 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LANDER, ASHLEY P NAME STREET ADDRESS STREET ADDRESS 3119 MILLWOOD TERR. M139 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** TITEE ☐ Delete TITLE ☐ Change ☐ Addition NAME LANDER, TONIA M NAME STREET ADDRESS 3119 MILLWOOD TERR. M139 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** TITLE ☐ Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is tra of the corporation or the receiver or trustee emporchanged, or on an attachment with an address. execute this report as ther like employered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Change

☐ Change

☐ Addition

■ Addition