## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Mar 25, 2002 8:00 am Secretary of State DOCUMENT # P00000090964 1. Entity Name 03-25-2002 90144 014 \*\*\*150.00 STONEFACE MANAGEMENT CORPORATION Principal Place of Business Mailing Address C/O 2699 SOUTH BAYSHORE DRIVE. 7TH FLOOR C/O 2699 SOUTH BAYSHORE DRIVE. 7TH FLOOR MIAM! FL 33133 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1061948 Not Applicable Zip 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 CORPCO, INC. Street Address (P.O. Box Number is Not Acceptable) 2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR **MIAMI FL 33133** Zip Code 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE NAME NAME FARBER, LEONARD L STREET ADDRESS 450 EAST LAS OLAS BLVD., SUITE 880 STREET ADDRESS FT. LAUDERDALE FL 33031 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change — ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7iP ☐ Change TITLE ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

ATTACH DOC# POOCOOD 90964

KATZ, BARRON, SQUITERO & FAUST, P.A.

345487

FRANK T. ADAMS
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OF COUNSEL ROGER S. GOLDMAN ALICIA MORALES-FERNANDEZ RICHARD MORTON LAWRENCE N. ROSEN, P.A. WILLIAM A. ZEIHER, P.A.

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March 11, 2002

Florida Department of State Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302

> RE: STONEFACE MANAGEMENT CORPORATION Our File No. 06650.058

Dear Sir/Madam:

Enclosed for filing is the Uniform Business Report for the above-referenced corporation, together with our firm check in the amount of \$150.00 representing the filing fee.

Sincerely,

KATZ, BARRON, SQUITERO & FAUST, P.A.

Esther S. Hellwig, Paralegal

**Enclosure** 

cc: Ana C. Harris, Esq.

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क्रमी व तिरोधि कुरम्भा त्यु मानुस्य हुन्। व व राज्याचा विचित्रिको अन्य राज्याचा सम्बद्धाः अस्य व व विच्यान्त्रिकारणार्थे । कृतुस्त