

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000092440**

1. Entity Name

STONELINE CORP.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90121 049 ***150.00

Principal Place of Business

Mailing Address

**100 NE BRAVE
SUITE 1100
FORT LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

1040 WESTON RD

1040 WESTON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

305

305

City & State

City & State

WESTON FL

WESTON FL

Zip

Zip

33326

33326

Country

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65 1087647

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

**ETLO CORPORATE SERVICES INC
100 NE 3RD AVENUE SUITE 1100
FORT LAUDERDALE FL 33301**

Name

GILLES FLURY

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

1040 WESTON RD

SUITE 305

City

WESTON

FL

Zip Code

33326

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

GILLES FLURY

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS** ☐ Delete
NAME **GILLES FLURY**
STREET ADDRESS **1040 WESTON RD #305**
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

GILLES FLURY

4/17/01

Date

Daytime Phone #