

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91452 022 ***150.00

0001578 AV

DOCUMENT # P00000092440

1. Entity Name
STONELINE CORP.



Principal Place of Business
1040 WESTON RD.
305
WESTON FL 33326

Mailing Address
1040 WESTON RD.
305
WESTON FL 33326



2. Principal Place of Business

700 E. DANIA BEACH BLVD.

3. Mailing Address

700 E. DANIA BEACH BLVD.

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

DANIA, FLORIDA

City & State

DANIA, FLORIDA

Zip

33004

Country

USA

Zip

33004

Country

USA

☒ **CHECK HERE IF MAKING CHANGES**

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

FLURY, GILLES

1040 WESTON RD. 700 E. DANIA BEACH BLVD.

SUITE 305 SUITE 202

FORT LAUDERDALE FL 33326 DANIA, FL 33004

Name

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

City

FL

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

SIGNATURE **GILLES FLURY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/28/03

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 **PDTS** ☐ **Delete**
NAME **FLURY, GILLES**
STREET ADDRESS **1040 WESTON RD. #305**
CITY-ST-ZIP **WESTON FL 33326**

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

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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:

GILLES FLURY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/03

Date

954 929-4475

Daytime Phone #

CR2E034 (10/02)