FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90063 036 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000062107 ✓

1. Entity Name
StoneAden Enterprises, Inc.

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B0093715

2. Principal Place of Business	3. Mailing Address
2519 N. Ocean Blvd.	2519 N. Ocean Blvd.
Suite, Apt. #, etc. #407	Suite, Apt. #, etc. #407
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33431 Country U.S	Zip 33431 Country U.S,

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1108148 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Company Agent, Inc.

Street Address (P.O. Box Number is Not Acceptable): 80 SW 8th Street Suite 2100

City: Miami **FL** Zip Code: 33130

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P/T
NAME	Adrian G. Stone
STREET ADDRESS	2519 N. Ocean Blvd. #407
CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	V/S
NAME	Julia B. Aden
STREET ADDRESS	2519 N. Ocean Blvd. #407
CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	
NAME	
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CR2E034B (12/01)

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 electronic 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Julia B. Aden Julia B. Aden, Vice President 4/29/02 954/632-0160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #