

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90178 042 ***150.00

0137094 AV

DOCUMENT # P02000001998

1. Entity Name
STONE HENGE ARCHITECTURAL CORP.



Principal Place of Business
**308 S.E. 5TH ST.
DANIA BEACH FL 33004**

Mailing Address
**308 S.E. 5TH ST.
DANIA BEACH FL 33004**



2. Principal Place of Business
900 NE 40th Court
Suite, Apt. #, etc.

3. Mailing Address
900 NE 40th Court
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Oakland Park FL

City & State
Oakland Park, FL

4. FEI Number
30-000978-5

Applied For
☐ Not Applicable

Zip
33334

Country
USA

Zip
33334

Country
USA

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

**SPIEGEL & UTRERA, P.A.
1840 S.W. 22 ST., 4TH FLOOR
MIAMI FL 33145**

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 | PD | <input type="checkbox"/> Delete |
| NAME | RINGOEN, SIGMUND | |
| STREET ADDRESS | 308 S.E. 5TH ST. | |
| CITY-ST-ZIP | DANIA BEACH FL 33004 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | MITCHELL, GARRY | |
| STREET ADDRESS | 308 S.E. 5TH ST. | |
| CITY-ST-ZIP | DANIA BEACH FL 33004 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | WILSON, ANTONY | |
| STREET ADDRESS | 308 S.E. 5TH ST. | |
| CITY-ST-ZIP | DANIA BEACH FL 33004 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | GAGNE, FRANCE | |
| STREET ADDRESS | 308 S.E. 5TH ST. | |
| CITY-ST-ZIP | DANIA BEACH FL 33004 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Mitchell, Garry | |
| STREET ADDRESS | 6151 NW 33rd Terrace | |
| CITY-ST-ZIP | Ft-Lauderdale, FL 33309 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Wilson Antony | |
| STREET ADDRESS | 623 Beach Ave | |
| CITY-ST-ZIP | Port St Lucie FL | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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: _____ **NOT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.24.03 988-296-2099

CR2E034 (10/02)