

# 2003 FC3 PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000113786

1. Entity  
STONEGATE, INC.



FILED  
03 DEC -5 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600025258676  
12/05/03--01048--031 \*\*150.00

Principal Place of  
1200 SW 71 TER  
BOCA RATON FL 33428-4213

Mailing  
1200 SW 71 TER  
BOCA RATON FL 33428-4213

2. Principal Place of Business  
10407 E. GREENWICH CT.  
Suite, Apt #, etc.

3. Mailing Address  
10407 E. GREENWICH CT.  
Suite, Apt. #, etc.

City & State  
BOCA RATON, FL

City & State  
BOCA RATON, FL

Zip  
33428

Country  
USA

Zip  
33428

Country  
USA

4. FEI Number  
33-1027377

Applied For  
Not Applicable

5. Certificate of Status  
Received

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

DOS SANTOS, AUGUSTO CEZAR P  
1200 SW 71 TER  
BOCA RATON FL 33428-4213

## 7. Name and Address of Now Registered Agent

Name  
DOS SANTOS, AUGUSTO CEZAR P  
Street Address (P O Box Number is Not Acceptable)  
10407 E. GREENWICH CT.

City  
BOCA RATON

FL Zip Code  
33428

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.

11/03/03

(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 Department of State

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 may Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT DOS SANTOS, AUGUSTO CEZAR P AV. EST. JOSE JULIO DE SOUZA 3600 #1202 - ITAPARICA VILA VELHA, ES, BRAZIL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS FERREIRA, JACIMAR AV. EST. JOSE JULIO DE SOUZA 3600 #1202 - ITAPARICA VILA VELHA, ES, BRAZIL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 qualified 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 REQUIRED

11/3/03 (561) 488-7799

Date Daytime Phone #