

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90024 019 ***150.00

DOCUMENT # P93000072557

1. Entity Name

STONE HILL, INC.

Principal Place of Business

1581 BRICKELL AVE
SUITE TH 1
MIAMI FL 33129
US

Mailing Address

1581 BRICKELL AVE
SUITE TH 1
MIAMI FL 33129
US

2. Principal Place of Business

STONE HILL INC.
ATT: GERALD STEIN
1581 BRICKELL AVE. SUITE PH 203
MIAMI, FL. 33129

3. Mailing Address

Suite, Apt. #, etc.

City & State

Same



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0442618

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEIN, GERALD M
1581 BRICKELL AVE
SUITE TH 1
MIAMI FL 33129

7. Name and Address of New Registered Agent

STONE HILL INC.
ATT: GERALD STEIN
1581 BRICKELL AVE. SUITE PH 203
MIAMI, FL. 33129

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.

SIGNATURE

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, 2002 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

TITLE VPST
NAME STEIN, GERALD M
STREET ADDRESS 1581 BRICKELL AVE, TH 1
CITY-ST-ZIP MIAMI FL 33129

☐ Delete

TITLE D
NAME STEIN, GERALD
STREET ADDRESS 1581 BRICKELL AVE APT TH1
CITY-ST-ZIP MIAMI FL 33129

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/01)