

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000061170

1. Entity Name

STONE TREND INTERNATIONAL, INC.

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90206 028 ***558.75

Principal Place of Business

6244 CLARK CENTER AVENUE
BLDG. 3
SARASOTA FL 34238

Mailing Address

6244 CLARK CENTER AVENUE
BLDG. 3
SARASOTA FL 34238

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0509238

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LEVITT, JAREN	
STREET ADDRESS	3993 ROBERTS POINT ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEVITT, THERESA	
STREET ADDRESS	3993 ROBERTS POINT ROAD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COLANTUONO, ANTHONY	
STREET ADDRESS	4147 CENTERGATE BLVD	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MEDINA, ANGEL	
STREET ADDRESS	4029 GARDNER DRIVE	
CITY-ST-ZIP	PT. CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Soc.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julio Gonzales	
STREET ADDRESS	2499 Avenida O-34281	
CITY-ST-ZIP	North Port, 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		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sue Kim	
STREET ADDRESS	3993 Roberts Point Rd	
CITY-ST-ZIP	Sarasota, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

James H. H. H. H.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/00

Date

941-927-9113

Daytime Phone #

CR2E034 (5/00)