

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000000842

1. Entity Name

SHINING STONES, INC.

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90140 023 ***150.00

Principal Place of Business

Mailing Address

7402 NW 61ST TERRACE
PARKLAND FL 33067
US

7402 NW 61ST TERRACE
PARKLAND FL 33067-3316
US

2. Principal Place of Business

7196 LOUISIANA CT

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON Bch, FL

City & State

BOYNTON Bch, FL

Zip

33437

Country

Palm Bch

Zip

33437

Country

US

4. FEI Number

65-0631742

Applied For

Not Applicable

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

FINKELSTEIN, NATHAN
7402 NW 61ST TERRACE
PARKLAND FL 33067

Name

Street Address (P.O. Box Number is Not Acceptable)

7190 LOUISIANA COURT

City

BOYNTON Bch

FL

Zip Code

33437

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)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME FINKELSTEIN, NATHAN
STREET ADDRESS 7402 NW 61ST TERRACE
CITY-ST-ZIP PARKLAND FL 33067

☐ Delete

TITLE S
NAME FINKELSTEIN, MARILYN
STREET ADDRESS 7402 NW 61ST TERRACE
CITY-ST-ZIP PARKLAND FL 33067

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS 7190 LOUISIANA COURT
CITY-ST-ZIP BOYNTON Bch FL 33437

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 7190 LOUISIANA COURT
CITY-ST-ZIP BOYNTON Bch FL 33437

☒ Change ☐ Addition

TITLE
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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

3/13/2000

Date

561 742 0393

Daytime Phone #

CR2F034 / 9/00