

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90030 020 ***150.00

DOCUMENT # P98000061646

1. Entity Name
STANLEY MARKETING, INC

Principal Place of Business
1001 N. FEDERAL HWY. #321
HALLANDALE FL 33009

Mailing Address
1001 N. FEDERAL HWY. #321
HALLANDALE FL 33009

2. Principal Place of Business
2525 S.W. 27TH AVE
 Suite, Apt. #, etc.
300

3. Mailing Address
2525 S.W. 27TH AVE.
 Suite, Apt. #, etc.
300

City & State
COCONUT GROVE, FLORIDA

City & State
COCONUT GROVE, FLORIDA

4. FEI Number **65-1100383**

Applied For
 Not Applicable

Zip
33133

Country
DADE

Zip
33133

Country
DADE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HUERTAS, ERNEDTO
38 OKOMO DRIVE EAST
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name **LOPERA, JAVIER**
 Street Address (P.O. Box Number is Not Acceptable)
2525 S.W. 27TH AVE SUITE 300
 City **COCONUT GROVE** **FL** Zip Code **33133**

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

4-4-02

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 **PD** ☐ Delete
 NAME **LOPERA, JAVIER**
 STREET ADDRESS **2455 S.W. 27TH AVE. #200**
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE **VSD** ☐ Delete
 NAME **HUERTAS, ERNESTO**
 STREET ADDRESS **5545 S.W. 8TH ST. #107**
 CITY-ST-ZIP **MIAMI FL 33021**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **LOPERA, JAVIER**
 STREET ADDRESS **2525 S.W. 27TH AVE, SUITE 300**
 CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE **VSD** ☒ Change ☐ Addition
 NAME **HUERTAS, ERNESTO**
 STREET ADDRESS **2525 S.W. 27TH AVE, SUITE 300**
 CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-02

(305) 899-9100

CR2E034 (9/01)