

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000072069**

1. Entity Name

BREAKSTONE HOLDING CORPORATION**FILED**
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90097 032 ***150.00

Principal Place of Business

TURNBERRY PLAZA, SUITE 500
2875 NORTHEAST 191ST STREET
AVENTURA FL 33180

Mailing Address

TURNBERRY PLAZA, SUITE 500
2875 NORTHEAST 191ST STREET
AVENTURA FL 33180-2801

2. Principal Place of Business

1200 Ponce De Leon BLVD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FL 33146

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0872124

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

WOLF, JORGE LUIS
TURNBERRY PLAZA, SUITE 500
2875 NORTHEAST 191ST STREET
AVENTURA FL 33180

Name

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

1200 Ponce De Leon Blvd.

City

Coral Gables,**FL**Zip Code
33146

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **D** ☐ Delete
NAME **BREAKSTONE, NOAH**
STREET ADDRESS **TURNBERRY PLAZA, SUITE 500**
CITY-ST-ZIP **AVENTURA FL 33180**TITLE **address only** ☒ Change ☐ Addition
NAME **1200 Ponce De Leon Blvd.**
STREET ADDRESS
CITY-ST-ZIP **Coral Gables, FL 33146**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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:**Noah Breakstone**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)