2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

gent with an address

FILED DOCUMENT # P98000081311 Feb 25, 2000 8:00 am 1. Entity Name **Secretary of State** FORTUNE STONE, INC. 02-25-2000 90013 047 ***150.00 Principal Place of Business Mailing Address 4700 SW 30TH ST 4700 SW 30TH ST DAVIE FL 33314-1303 DAVIE FL 33314, 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0870217 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LICKSTEIN, FRED K Street Address (P.O. Box Number is Not Acceptable) 100 SE 2ND STREET, 17TH FLOOR **MIAMI FL 33131** 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, typed or printed name of registered agent and title if applicable DATE (NOTE, Registered Agent signature required when reinstating) FILÉ NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. K Change Addition PVD ☐ Delete TITLE P∄D TITLE BERHAL, MIGUEL A SR NAME BERNAL, MIGUEL A. SR. NAME STREET ADDRESS 4700 SW 30 ST STREET ADDRESS 4700 S.W. 30th St. CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 Davie, FL 33314 ☐ Change Addition De'ete TITLE BOND, ARTHUR NAME STREET ADDRESS STREET ADDRESS 4700 SW 30 ST CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 ☐ Change Addition - Delete . : TITLE TITLE SD---- a BOND, DAVID NAME STREET ADDRESS STREET ADDRESS 4700 SW 30 ST CITY-ST-ZIP CITY-ST-ZIP **DAVIE FL 33314** Change Addition ☐ Delete TITLE TITLE T/D NAME BOND, JAMES BOND, JAMES NAME STREET ADDRESS STREET ADDRESS 4700 SW 30 ST 4700 S.W. 30th St. CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 <u>Davie, FL 33314</u> ☐ Delete ☐ Change Addition TITLE TITLE ROBES, ROBERT M NAME NAME STREET ADDRESS STREET ADDRESS 4700 SW 30 ST CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 ☐ Change X Addition TITLE Delete TITLE v/p NAME NAME BERNAL, MIGUEL A. JR. STREET ADDRESS STREET ADDRESS 4700 S.W. 30th St. CITY-ST-ZIP 13. Thereby 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if CITY-ST-ZIP h all other like empowered.