

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90687 002 \*\*\*150.00

DOCUMENT # **P98000087325**  
1. Entity Name  
StoneLeaf, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1650 NE 135 Street  
Suite, Apt. #, etc. #406

3. Mailing Address  
1650 NE 135 Street  
Suite, Apt. #, etc. #406

DO NOT WRITE IN THIS SPACE

City & State  
North Miami, FL

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North Miami, FL

4. FEI Number  
65-0870900

Applied For  
Not Applicable

Zip 33181 Country US

Zip 33181 Country US

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Augustin Morejon

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

1650 NE 135 Street #406

City North Miami, FL Zip Code 33181

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
NAME Augustin Morejon  
STREET ADDRESS 1650 NE 135 Street #406  
CITY - ST - ZIP North Miami, FL 33181

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE SD  
NAME Jennifer D. Morejon  
STREET ADDRESS 1650 NE 135 Street #406  
CITY - ST - ZIP North Miami, FL 33181

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/10/02 (305)335-8694

Date

Daytime Phone #

CR2E034B (12/01)