2000 UNIFORM BUSINESS REPORT (UBR)

9/12/00-90019-037-\$550.00-\$550.00

DOCUMENT # P99000008659 FILED 1. Entity Name LERETARY OF STAIL ROCK REAL ESTATE, INC. · VISION OF CORPORATION. 00 SEP 25 AM 6: NL Principal Place of Business Mailing Address 2514 BEDFORD MEWS DRIVE 123 S.E. 3RD AVENUE WEST PALM BEACH FL 33414 SUITE 169 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MENCH, STEVEN J Street Address (P.O. Box Number is Not Acceptable) 2514 BEDFORD MEWS DRIVE **WEST PALM BEACH FL 33414** Zip Code pent for the page معروبي hanging its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this state SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees X (See criteria on back) Make Chack Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (5/00) ☐ Change ■ Addition TITLE TITLE Delete MENCH NAME NAME EUEN 3RD , 168 STREET ADDRESS STREET ADDRESS SE CITY-ST-ZIP CITY-ST-ZIP AMI Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance Addition TITLE Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE Mals NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TILE ☐ Delete TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(1), 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 addysss with all other like exponence. SIGNATURE: