

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009841

1. Entity Name

STONEMARC REALTY, INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90044 014 \*\*\*150.00

Principal Place of Business

Mailing Address

2333 BRICKELL AVENUE, #2009  
 MIAMI FL 33139

2333 BRICKELL AVENUE, #2009  
 MIAMI FL 33129-2415

2. Principal Place of Business

9745 SW 72nd Street

3. Mailing Address

9745 SW 72nd Street

Suite, Apt. #, etc.

212

Suite, Apt. #, etc.

212

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0894528

Applied For

Not Applicable

Zip

33173

Country

USA

Zip

33173

Country

USA

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

STONE, JEFFREY

2333 BRICKELL AVENUE, #2009  
 MIAMI FL 33139

Name

JEFFREY STONE

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

8621 SW 84 Terrace

City

MIAMI

FL

Zip Code

33143

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 State**

10. 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	DP	<input type="checkbox"/> Delete
NAME	STONE, JEFFREY	
STREET ADDRESS	2333 BRICKELL AVENUE, #2009	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	ALPERT, MARC	
STREET ADDRESS	2333 BRICKELL AVENUE, #2009	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STONE, JEFFREY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8621 SW 84 Terrace	
STREET ADDRESS	MIAMI, FL 33143	
CITY-ST-ZIP		
TITLE	ALPERT, MARC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15357 SW 55 Terrace	
STREET ADDRESS	MIAMI, FL 33185	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY R. STONE  
 President  
 3/2/00

Date

Daytime Phone #

CR2E034 (9/99)