2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 09, 2001 8:00 am Secretary of State DOCUMENT # P99000016741 1. Entity Name STONES OF TIME, INC. 03-09-2001 90478 034 ***150.00 Principal Place of Business Mailing Address 411 S.E. 14TH STREET 411 S.E. 14TH STREET AUU3U517 NAPLES FL 34117 NAPLES FL 34117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0925312 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, WALESKA Street Address (P.O. Box Number is Not Acceptable) 411 SE 14TH STREET NAPLES FL 34117 SE 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 E: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Vile President TITLE TITLE ☐ Delete RODRIGUEZ, WALESKA NAME NAME STREET ADDRESS STREET ADDRESS 26330 SW 131ST CT. CITY-ST-ZIP CITY-ST-ZIP PRINCETON FL 33032 TITLE ☐ Delete TITLE RODRIGUEZ, JUAN NAME NAME STREET ADDRESS 411 S.E. 14TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34117 Delete TITLE TITLE RODRIGUEZ, ORLANDO NAME NAME STREET ADDRESS 4280 NE 12TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34120 TITLE Delete TITLE ☐ Change Addition DIAZ, ROLANDO 1270 W 42 ND STREET APT #101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

NATURE AND TYPED OR PRINTED NAME &