2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058193

1. Entity Name

THE STONEHEDGE GROUP, INC. - IV



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90103 001 *1,200.00

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	ace of Busines I DIXIE HIGHW		9350 Suite	Mailing Address 9350 SOUTH DIXIE HIGHWAY SUITE 1550 MIAMI FL 33156				E JULISUUR HIG TANKO JURIK ADIKA DURIK AD	II Ba iri ri	101 10101 14 0 1	B 1818 8 7111 1884	
2. Principal	Place of Busin	ness	3. Mail	3. Mailing Address								
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. FE	4. FEI Number 59-3618830			Applied For lot Applicable	
Zip			Zip	, , , ,		ntry	5. Certificate of Status Desired		□ \$	\$8.75 Additional Fee Required		
	6. Name	and Address of Curr	ent Registere	d Agent		7. Name and Address of New Registered Agent						
				Name								
	uth dixie h	IIGHWAY		Street A			s (P.O. Box Number is Not Acceptable)					
SUITE 15								***************************************	•			
Miami Fl		/ submits this statemer			City	·	FI			Zip Code		
Afte	Signature, typed FILE NOW!! Ir May 1, 200	or printed name of registered act. ! FEE IS \$150.00 3 Fee will be \$550.0	00	cable. (NOTE:	Registered	d Agent signature required	d when reins	9. Election Campaign Financir Trust Fund Contribution.			00 May Be	
Make Check	k Payable to	Florida Departmen	of State				ļ	irusi runa Contribution.	Ц	Adde	d to Fees	
10.	1	OFFICERS AI	ID DIRECTOR	is .	11.		ADDI	TIONS/CHANGES TO OFFICERS	S AND D	IRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REC LIPSON, G 9350 SOU MIAMI FL 3	TH DIXIE HIGHWAY,	SUITE 1550	☐ Delete						_ Change	Addition	
TITLE NAME Street address City-St-Zip			7	☐ Delete		1] Change	☐ Addition	
TITLE NAME Street address City-St-Zip				☐ Delete		T ADDRESS ST-ZIP	771.] Change	☐ Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS] Change	☐ Addition	
ITLE IAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP				Change	Addition	
ITLE IAME TREET ADDRESS				☐ Delete	TITLE NAME STREET	T ADDRESS	•] Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATIVE REALIDEURIN

305-670-6770