

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90250 020 ***150.00

DOCUMENT # **99000098068**

1. Entity Name

STOCK HOLDING CORP.

Principal Place of Business

14063 Port Circle
 Palm Beach Gardens, FL
 33410

Mailing Address

28 Lake Drive
 Mountain Lakes, NJ 07046

2. Principal Place of Business

20801 Biscayne Blvd.

3. Mailing Address

20801 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 501

Suite, Apt. #, etc.

Suite 501

City & State

Aventura, Florida

City & State

Aventura, Florida

Zip

33180

Country

USA

Zip

33180

Country

USA

4. FEI Number

22-3498022

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

C0067782

6. Name and Address of Current Registered Agent

Gary A. Korn, Esq.
 20803 Biscayne Blvd.
 Suite 200
 Aventura, FL 33180

7. Name and Address of New Registered Agent

Name: Gary A. Korn, Esq.
 Street Address (P.O. Box Number is Not Acceptable): 20801 Biscayne Blvd.
 Suite 501
 City: Aventura, FL Zip Code: 33180

8. The above named entity subscribes this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

(Signature of registered agent or authorized officer of corporation)

(If not, Registered Agent signature required when substituting)

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
START MAY 1, 2001 Fee will be \$880.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
President (P)	Carole Monette	28 Lake Drive	Mountain Lakes, NJ 07046	☐
Secretary (S)	Carole Monette	28 Lake Drive	Mountain Lakes, NJ 07046	☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLE MONETTE 3/14/01 561-630-8932
 Date Daytime Phone #

973-402-4335

CR2034 (11/00)