

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110260

1. Entity Name

IMPORTED STONES BY GIBALTAR, INC.

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90108 030 ***550.00

Principal Place of Business

2255 GLADES ROAD, SUITE 236W
BOCA RATON FL 33431

Mailing Address

2255 GLADES ROAD, SUITE 236W
BOCA RATON FL 33431

2. Principal Place of Business

2700 N. Military Trail

3. Mailing Address

2700 N. Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 220

Suite 220

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

Country

33431-6394

Zip

Country

33431-6394



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0969721

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, MARK B
2255 GLADES ROAD, SUITE 236W
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name
Goldstein, Mark B.
Street Address (P.O. Box Number is Not Acceptable)
2700 N. Military Trail, Suite 220
City
Boca Raton FL Zip Code
33431

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.

Mark B. Goldstein 4/20/00

DATE

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, MARK B	
STREET ADDRESS	2255 GLADES ROAD, SUITE 236W	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, MARK D	
STREET ADDRESS	2255 GLADES ROAD, SUITE 236W	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	REEVES, ROBBIE	
STREET ADDRESS	2255 GLADES ROAD, SUITE 236W	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	REEVES, JILL	
STREET ADDRESS	2255 GLADES ROAD, SUITE 236W	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARTLETT, JOEL	
STREET ADDRESS	2255 GLADES ROAD, SUITE 236W	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goldstein, Mark B.	
STREET ADDRESS	2700 N. Military Trail, Suite 220	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cohen, Mark D.	
STREET ADDRESS	2700 N. Military Trail, Suite 220	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reeves, Robbie	
STREET ADDRESS	2700 N. Military Trail, Suite 220	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reeves, Jill	
STREET ADDRESS	2700 N. Military Trail, Suite 220	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bartlett, Joel	
STREET ADDRESS	2700 N. Military Trail, Suite 220	
CITY-ST-ZIP	Boca Raton, FL 33431	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark B. Goldstein 4/20/00 (561) 989-9955

Date

Daytime Phone #

034 (1/9)