

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90142 008 ***150.00

DOCUMENT # S86206

1. Entity Name

BREAKSTONE ASSOCIATES, INC.

Principal Place of Business

2875 NE 191ST ST 1200
500
AVENTURA FL 33180
US

Mailing Address

2875 NE 191ST ST 1200
500
AVENTURA FL 33180
US

2. Principal Place of Business

1200 Ponce de Leon Blvd.

3. Mailing Address

1200 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

US

Zip

33134

Country

US

4. FEI Number

65-0295098

Applied For

Not Applicable

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

BREAKSTONE, ARTHUR
2875 NE 191ST ST #500
AVENTURA FL 33180

Name

Breakstone, Noah

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

1200 Ponce de Leon Blvd.

City

Coral Gables

FL

Zip Code

33134

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

Arthur Breakstone

(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, 2001 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 ☐ Delete
NAME DV
STREET ADDRESS BREAKSTONE, NOAH
CITY-ST-ZIP 2875 NE 191ST ST #500 1200
AVENTURA FL

TITLE ☒ Change ☐ Addition
NAME DV
STREET ADDRESS Breakstone, Noah
CITY-ST-ZIP 1200 Ponce de Leon Boulevard
Coral Gables, Florida 33134

TITLE ☐ Delete
NAME DP
STREET ADDRESS BREAKSTONE, ARTHUR
CITY-ST-ZIP 2875 NE 191ST ST #500 1200
AVENTURA FL

TITLE ☒ Change ☐ Addition
NAME DP
STREET ADDRESS Breakstone, Arthur
CITY-ST-ZIP 1200 Ponce de Leon Boulevard
Coral Gables, Florida 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

Noah Breakstone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)