FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 FEB 13 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300012461953
02/13/03--01050--004 **150.00

DOCUMENT # M76430

1. Entity Name

Rockstone Corporation, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
11389 SW 84th Lane	8306 Mills Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. #327
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33173 Country: USA	Zip: 33183 Country: USA

4. FEI Number: 980052046 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Ricardo Bajandas, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1000 Brickell Avenue

City: Miami FL Zip Code: 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Ricardo Bajandas, Pres. 02/04/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Director and President
NAME	Ivan A Marquez
STREET ADDRESS	11389 SW 84th Lane
CITY-ST-ZIP	Miami, Florida 33173
TITLE	Director
NAME	Eglee M De Marquez
STREET ADDRESS	11389 SW 84th Lane
CITY-ST-ZIP	Miami, Florida 33173
TITLE	Director
NAME	Marilyn J Marquez
STREET ADDRESS	11389 SW 84th Lane
CITY-ST-ZIP	Miami, Florida 33173
TITLE	Secretary
NAME	Ari Daniel Mercado
STREET ADDRESS	11389 SW 84 th Lane
CITY-ST-ZIP	Miami, Florida 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ ARI MERCADO 02/04/2003 (786) 326-0289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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