


05-16-2003 90545 001 *2,850.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000025770			
1. Entity Name G. A. STUCCO, CORP.			
Principal Place of Business 7837 NW 170TH STREET MIAMI, FL 33015		Mailing Address 7837 NW 170TH STREET MIAMI, FL 33015	
2. Principal Place of Business 12985 Coronado Dr. Suite, Apt. #, etc.		3. Mailing Address 12985 Coronado Dr. Suite, Apt. #, etc.	
City & State N. Miami, FL		City & State N. Miami, FL	
Zip 33181		Zip 33181	
Country		Country	
4. FEI Number 65-1086738		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AGUILA, FLORA C 7837 NW 170 STREET MIAMI, FL 33015		7. Name and Address of New Registered Agent Name: Flora C. Aguilera Street Address (P.O. Box Number Is Not Acceptable): 12985 Coronado Dr. City: N. Miami, FL Zip Code: 33181	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Flora Aguilera</u> DATE: <u>5/1/03</u>			
FILE NOW WITH FEE IS \$150.00 After May 15, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUILA, FLORA C 7837 NW 170TH STREET MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Flora Aguilera 12985 Coronado Dr. N. Miami, FL 33181 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <u>Flora Aguilera</u>		DATE: <u>5/1/03</u>	

55041556



CHECK HERE IF MAKING CHANGES

CR20034 (10/02)