

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90060 028 ***150.00

DOCUMENT # **P01000048827**

1. Entity Name

C E L STONE COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8070 N.W. 66TH STREET

3. Mailing Address

8070 N.W. 66TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL.

City & State

MIAMI FL.

4. FEI Number

65-1113844

Applied For

Not Applicable

Zip

33166-2728

Country

Zip

33166-2728

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CESAR ELIAS MOLINA

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

8070 N.W. 66TH STREET

City **MIAMI**

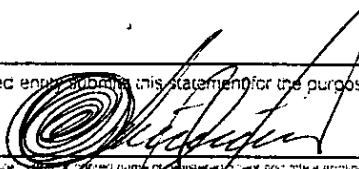
FL

Zip Code

33166-2728

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



4/23/02

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **P**
NAME **CESAR ELIAS MOLINA**
STREET ADDRESS **8070 N.W. 66TH STREET**
CITY - ST - ZIP **MIAMI, FL. 33166-2728**

TITLE **V**
NAME **ELSE MARIE MOLINA-LLINAS**
STREET ADDRESS **8070 NW 66TH STREET**
CITY - ST - ZIP **MIAMI FL. 33166-2728**

TITLE **S**
NAME **JUAN CARLOS ZUNIGA**
STREET ADDRESS **8070 NW 66TH STREET**
CITY - ST - ZIP **MIAMI FL. 33166-2728**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with or without, I am empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

Daytime Phone #

CR2E034B (12/01)