

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0138724 AV

02-11-2002 90006 009 ***150.00

DOCUMENT # P01000051302

1. Entity Name
KING'S STONE DESIGN INC.

Principal Place of Business

Mailing Address

~~7292 W. 18 LN.
 HIALEAH FL 33014~~

~~7292 W. 18 LN.
 HIALEAH FL 33014~~



2. Principal Place of Business

3. Mailing Address

9901 nw. 80 Ave.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4 H

City & State

City & State

Hialeah Gardens

4. FEI Number

65-1109059

Applied For

Not Applicable

Zip

Country

Zip

Country

33016 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOB, MAYKEL

~~5112 NW 79 AVE #207~~

~~MIAMI FL 33166~~

Name

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

12600 SW. 222 Terr.

City

Miami

FL

Zip Code

33170

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.

(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, 2002 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 NAME Delete
PSTD JACOB, HAYKEL
 STREET ADDRESS ~~7292 W. 18TH LANE~~
 CITY-ST-ZIP ~~HIALEAH FL 33014~~

TITLE NAME Change Addition
 STREET ADDRESS **12600 SW. 222 Terr.**
 CITY-ST-ZIP **Miami, FL 33170**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE NAME Change Addition
 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:

Jacob Haykel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/02 7865864206

CR2E034 (9/01)