

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90214 019 \*\*\*150.00

0329572 AV

**DOCUMENT # P01000067182**

1. Entity Name  
**AAA STONE, INC.**



Principal Place of Business  
**1222 NE 4TH AVE.  
FT. LAUDERDALE FL 33304**

Mailing Address  
**1222 NE 4TH AVE.  
FT. LAUDERDALE FL 33304**

**11034132**



2. Principal Place of Business  
**16789 130th Way N.**

3. Mailing Address  
**16789 130th Way N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Jupiter FLORIDA**

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4. FEI Number **62-1120801**

Applied For  
Not Applicable

Zip **33478** Country **USA**

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

**6. Name and Address of Current Registered Agent**

**BOVIN, DOMINIQUE  
1222 NE 4TH AVE.  
FT. LAUDERDALE FL 33304**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOVIN, DOMINIQUE 1222 NE 4TH AVE. FT. LAUDERDALE FL 33304</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" 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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: X** **SIGNATURE: BOVIN, DOMINIQUE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-22-2003 (772)370-4531**  
Date Daytime Phone #

CP2E034 (10/02)