

FILED
Jul 03, 2003 8:00 am
Secretary of State

07-03-2003 90033 038 ***150.00

2000³ UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000053829

1. Entity Name

Stone & Handicraft Inc

Principal Place of Business Mailing Address
1200 West GHolden Avenue Apt 266 1200 West GHolden Avenue Apt 266

Orlando, FL Orlando, FL
32839 32839

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

33-1004899

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75

Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGARWAL, BANSHIDHAR D
1200 WEST HOLDEN AVENUE, APT. 266
ORLANDO FL 32839

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.

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete
NAME AGARWAL, BANSHIDHAR D
STREET ADDRESS 1200 WEST HOLDEN AVENUE, APT. 266
CITY - ST - ZIP ORLANDO FL 32839

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE V ☐ Delete
NAME AGARWAL, SANGEETA B
STREET ADDRESS 1200 WEST HOLDEN AVENUE APT. 266
CITY - ST - ZIP ORLANDO FL 32839

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE T ☐ Delete
NAME MEHTA, JYOTSNA K
STREET ADDRESS 1200 WEST HOLDEN AVENUE APT. 266
CITY - ST - ZIP ORLANDO FL 32839

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE034 (9/99)