

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90124 044 ***150.00

DOCUMENT # P96000075495
1. Entity Name
 Imperial Stone, Corp

Principal Place of Business **Mailing Address**
 1804 A SW 31 Avenue 1804 A SW 31 Avenue
 Pembroke Pines, FL 33009 Pembroke Pines, FL 33009

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Zip Country Zip Country

4. FEI Number 65-0692239
 Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Espinoza, Julio C
 47630 NW 67 Avenue
 Suite #1210
 Miami Lakes, FL 33015

7. Name and Address of New Registered Agent
 Name: Sam Sami
 Street Address (P.O. Box Number is Not Acceptable): 8181 W Broward Blvd
 Suite #351
 City: Plantation FL Zip Code: 33324

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: *Sam Sami* Sam Sami EA 3/23/01
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, 2001 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		<input type="checkbox"/> Delete
TITLE NAME	DPD Espinoza, Julio C	<input type="checkbox"/>
STREET ADDRESS	17630 NW 67 Ave #1210	
CITY-ST-ZIP	Miami Lakes, FL 33015	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	P Espinoza, Julio C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	1804 A SW 31 Avenue		
CITY-ST-ZIP	Pembroke Pines, FL 33009		
TITLE NAME	VP Bartos, Ioan	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS	1804 A SW 31 Avenue		
CITY-ST-ZIP	Pembroke Pines, FL 33009		
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
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: *Julio C. Espinoza* 3-28-01 (954) 964-5996
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/00)