

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90368 001 *****8.75
03-17-2003 90368 002 ***150.00

DOCUMENT # P99000076695



1. Entity Name
IMPERIAL STONECARE CORP.

Principal Place of Business
2900 N.W. 77TH COURT
MIAMI FL 33122

Mailing Address
2900 N.W. 77TH COURT
MIAMI FL 33122



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0956811**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORRIGAN, JOHN P
444 BRICKELL AVE., SUITE 300
MIAMI FL 33131

Name **Alvaro E. Salcedo**
Street Address (P.O. Box Number is Not Acceptable)
1534 Sopera Ave
City **Coral Gables** FL Zip Code **33134**

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]* **Alvaro Emil Salcedo** DATE **2/17/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CORRIGAN, JOHN P	
STREET ADDRESS	6230 S.W. 49 STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	T	<input type="checkbox"/> Delete
NAME	SALCEDO, ALVARO	
STREET ADDRESS	1534 SOPERA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GOMEZ, SERGIO A	
STREET ADDRESS	517 MADEIRA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	GOMEZ, JUAN B	
STREET ADDRESS	517 MADEIRA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President, T, S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALCEDO, ALVARO	
STREET ADDRESS	1534 SOPERA AVE	
CITY-ST-ZIP	CORAL GABLE, FL 33134	
TITLE	V.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Denise Adriana Romano	
STREET ADDRESS	1534 SOPERA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **Alvaro Emil Salcedo** DATE **1/23/03** 786 586 6696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)