

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90151 004 ***150.00

0286121 AV

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1. Entity Name

THE ANGULAR STONE OF MIAMI CORP.



Principal Place of Business

4460 NW 73RD AVENUE
MIAMI FL 33166

Mailing Address

4460 NW 73RD AVENUE
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0390971

Applied For

Not Applicable

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

OBREGON, EDUARDO JOSUE
12054 SW 208TH TERRACE
MIAMI FL 33177

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 PD
NAME OBREGON, EDUARDO JOSUE
STREET ADDRESS 12054 SW 208TH TERRACE
CITY-ST-ZIP MIAMI FL 33177 ☒ Delete

TITLE PD
NAME MARGARITA OBREGON
STREET ADDRESS 12054 SW 208TH TERR. ☒ Change ☐ Addition
CITY-ST-ZIP MIAMI, FL 33177

TITLE VD
NAME OBREGON, EMILIO E
STREET ADDRESS 13280 SW 39TH STREET
CITY-ST-ZIP MIAMI FL 33175 ☒ Delete

TITLE VD
NAME JOSE I. GONZALEZ
STREET ADDRESS 13280 SW 39TH ST.
CITY-ST-ZIP MIAMI, FL 33175 ☒ Change ☐ Addition

TITLE SD
NAME SOLIMAN, MIGUEL C
STREET ADDRESS 14313 SW 51ST STREET
CITY-ST-ZIP MIAMI FL 33175 ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03 (305) 222-8833

Date

Daytime Phone #

CR2E034 (10/02)