

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90323 010 ****50.00

DOCUMENT # L02000009848

1. Entity Name

CARIBBEAN STONE FABRICATORS, LLC



Principal Place of Business: 4100 N. POWERLINE ROAD, UNIT C-3, POMPANO BEACH FL 33073
Mailing Address: 4100 N. POWERLINE ROAD, UNIT C-3, POMPANO BEACH FL 33073

90141915



2. Principal Place of Business: Suite, Apt. #, etc. C-4

3. Mailing Address: Suite, Apt. #, etc. C-4

City & State: [Blank]

4. FEI Number: 75-3070055
Applied For: Not Applicable

5. Certificate of Status Desired: \$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION-SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name: Scott M. Thomas
Street Address (P.O. Box Number is Not Acceptable): 4347 NW 42ND Terrace
City: Coconut Creek FL Zip Code: 33073

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: Scott Thomas MGR *[Signature]* 7/9/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	THOMAS, SCOTT	
STREET ADDRESS	4347 N.W. 42 TERRACE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	NOLASCO, WAGNER	
STREET ADDRESS	36108 SIMMS STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	LIMA, MARO	
STREET ADDRESS	7990 HAMPTON BOULEVARD, APT 106	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGRM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	THOMAS, Lauri		
STREET ADDRESS	4347 NW 42 Terr		
CITY-ST-ZIP	COCONUT CREEK, FL 33073		
TITLE	MGRM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ARAUJO, Valt		
STREET ADDRESS	4103 Eastridge Circle		
CITY-ST-ZIP	POMPANO Bch, FL 33064		
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			

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* 7/9/03 954-968-4979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)