

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

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

03-17-2003 90001 022 \*\*\*\*50.00

**DOCUMENT # L02000015608**

1. Entity Name

**PRISMA STONE L.L.C.**



Principal Place of Business

Mailing Address

**10350 WEST BAY HARBOR DR.**

**APT. 77**

**BAY HARBOR ISLANDS FL 33154**

**10350 WEST BAY HARBOR DR.**

**APT. 77**

**BAY HARBOR ISLANDS FL 33154**

2. Principal Place of Business

**6914 NW 42 STREET**

3. Mailing Address

**6914 NW 42 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI - FLORIDA**

City & State

**MIAMI - FLORIDA**

4. FEI Number

**61-1418113**

Applied For

Not Applicable

Zip

**33166**

Country

**EEUU**

Zip

**33166**

Country

**EEUU**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DURAN, ALFREDO G**  
**2801 S. BAYSHORE DR., STE. 1400**  
**MIAMI FL 33133**

7. Name and Address of New Registered Agent

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**LATTANZIO, CARLOS**  
**1341 CROSSBILL COURT**  
**WESTON FL 33327**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**LIEVANO, ALVARO**  
**3109 BRANDY STATION**  
**ATLANTA GA 30339**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**TABORDA, LUIS CARLOS**  
**10350 WEST BAY HARBOR DR., APT. 77**  
**BAY HARBOR ISLANDS FL 33154**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**BALLESTAS, ANDRES**  
**422 GLENRIDGE RD.**  
**KEY BISCAYNE FL 33149**

☐ Delete

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

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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 REQUIRED**  
**Carlos Taborda - 03-07-03 / 7866213706**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)