

AMENDED


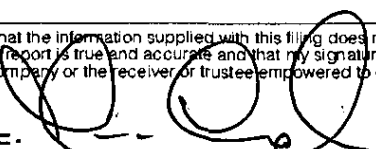
**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAR 26 AM 8:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

DOCUMENT # L02000022870			
1. Entity Name ADVANCED STONE WORKS, LLC			
Principal Place of Business 4900 N OCEAN DRIVE 921 FORT LAUDERDALE, FL 33308 US		Mailing Address 4900 N OCEAN DRIVE 921 FORT LAUDERDALE, FL 33308 US	
2. Principal Place of Business 994 NW 53RD STREET Suite, Apt. #, etc. FT LAUDERDALE FL City & State 33309		3. Mailing Address 994 NW 53RD STREET Suite, Apt. #, etc. FT LAUDERDALE FL City & State 33309	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent STUART M. ROTMAN, C.P.A., P.A. 4700 N STATE ROAD 7 208 FT LAUDERDALE, FL 33319		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
		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	MGRM LISOCKI, MATEO M 4900 N OCEAN DRIVE #921 FT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LISOCKI, FELIPE 4900 N OCEAN DRIVE #921 FT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LISOCKI, BEATRIZ 4900 N OCEAN DRIVE #921 FT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LISOCKI, ANDRES 4900 N OCEAN DRIVE #921 FT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Andres Lisocki 03-19-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	



3/20 ☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 33-1021221 Applied For Not Applicable

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

CR2E083 (10/02)