


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 19, 2003 8:00 am
Secretary of State

06-19-2003 90045 030 ***150.00

DOCUMENT # P0000002223 *OK*

1. Entity Name
KAST STONE by Darren William Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>Miami, FL</u>		3. Mailing Address <u>8501 NW 56th Street</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Miami, FL</u>		City & State <u>Miami FL</u>	
Zip <u>33166</u>	Country <u>Miami Dade</u>	Zip <u>33166</u>	Country <u>Miami Dade</u>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number <u>522221670</u>	Applied For <input type="checkbox"/>
		Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent	
		Name <u>Thomas S. Herman Esq.</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>218 ALMENA AVE</u>	
		City <u>Corn Gables</u>	FL Zip Code <u>33134</u>

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

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>William Greenwald</u> <u>8501 NW 56th</u> <u>Miami, FL 33166</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)