

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083093

1. Entity Name

STONES & METALS DESIGNS INC.

Principal Place of Business

1020 SW 10TH AVENUE
MIAMI FL 33130

Mailing Address

1020 SW 10TH AVENUE
MIAMI FL 33130

2. Principal Place of Business

3. Mailing Address

P.O. BOX 013482

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI, FLORIDA

City & State

City & State

Zip

Country

Zip

Country

33101

4. FEI Number

65-1037352

Applied For:

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

CHEHADE, R. ALFONSO

Street Address (P.O. Box Number is Not Acceptable)

1020 SW 10 AVENUE

City

MIAMI

FL

Zip Code

33130

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

CHEHADE, R. ALFONSO

01-08-2001

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CHEHADE, SONIA D
STREET ADDRESS 1020 SW 10TH AVENUE
CITY-ST-ZIP MIAMI FL 33130

TITLE D ☐ Delete
NAME CHEHADE, RICARDO A
STREET ADDRESS 1020 SW 10TH AVENUE
CITY-ST-ZIP MIAMI FL 33130

TITLE ~~D~~ ☒ Delete
NAME ~~CHEHADE, PAUL~~
STREET ADDRESS ~~1020 SW 10TH AVENUE~~
CITY-ST-ZIP ~~MIAMI FL 33130~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHEHADE, R. ALFONSO

Date

Daytime Phone #

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90065 001 ***150.00

01-20-2001 90065 002 *****8.75

22090



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)

01-08-2001 305-8548401