## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000091280

1. Entity Name

OLD STONE MANUFACTURING, CORP.



## FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90174 031 \*\*\*150.00

					GO WE THE						
Principal Place of Business 3500 NW 50TH STREET		· · · · · · · · · · · · · · · · · · ·	Mailing Address 3500 NW 50TH STREET					- 	<del></del>		
MIAMI FL 331	42		MIAMI FL 33	142							
2. Principal P	lace of Business		3Mailing:Ad	dress	<u> </u>	-				1	~ #
			*								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State	9		4. FEI Number 65-1042637		-	Applied For Not Applicable		
Zip	Co	ountry	Zip	C	ountry	5.	Certificate of Status Desired		\$8.75 Ac Fee Requir		
6. Name and Address of Current F			egistered Agent			7. Name and Address of New Registered Agent					7
					Name						1
MONTES DE OCA, ALEJANDRO			Street Addres			s (P.O. Box Number is Not Acceptable)					
3500 NW 50TH STREET						<u> </u>	<u> </u>				4
MIAMI FL	33142										
		The magnification of			City			F			
	named entity sub tions of registered		e purpose of	changing its regis	stered office or registe	ered ag	gent, or both, in the State of Flor	ida. ⊧an	n familiar with	ı, and accept	
SIGNATURE .		ted name of registered agent and ti	tle if applicable.	(NOTE: Regi	stered Agent signature require	d when r	einstating)	DATE			
Afte	• .	ee will be \$550.00	-4-			<u> </u>	9. Election Campaign Fina Trust Fund Contribution	_		00 May Be ed to Fees	_
	R Payable to Flo	rida Department of St OFFICERS AND DIR		-	11.	Λ.Γ	DDITIONS/CHANGES TO OFFICE	רווי אג	ID DIDECTOR	DC IN 11	4
10.	PD	OFFICERS AND DIR			TITLE	AL	DUITIONS/CHANGES TO OFFIC	JEHS AN	Change		<u> </u>
NAME	MONTES DE C	CA, ALEJANDRO	_		NAME				stange		Ž
STREET ADDRESS	3500 NW 50TH				STREET ADDRESS		•				16
CITY-ST-ZIP	MIAMI FL 3314	2			CITY-ST-ZIP						_  ដ្
TITLE	VPD   Mendoza, Lei	ONIDEC			TITLE				Change	Addition Addition	16
NAME STREET ADDRESS	3500 NW 50TH				NAME STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 3314				CITY-ST-ZIP						
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CITY-ST-ZIP					CITY-ST-ZIP						4
TITLE					TITLE				Change	Addition	
NAME STREET ADDRESS					NAME Street Address					•	]
CITY-ST-ZIP	ļi.				CITY-ST-ZIP		•				1
12. I hereby of indicated	certify that the info on this report or s	rmation supplied with this upplemental report is true	filing does n	ot qualify for the e	exemption stated in S inature shall have the	ction same	119.07(3)(i), Florida Statutes. Hegal effect as if made under oa	urther co	ertify that the am an office	information er or director	1

2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), 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 6d7, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE ACQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Daytime Phone #