

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90043 042 ***150.00

DOCUMENT # P00000100044

1. Entity Name
ARTISTIC STONE INC. FURNITURE MANUFACTURING

Principal Place of Business 16236 S.W. 19TH ST MIRAMAR FL 33027	Mailing Address 16236 S.W. 19TH ST MIRAMAR FL 33027
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2. Principal Place of Business 6740 N.W. 37 AVE	3. Mailing Address 6740 N.W. 37 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL	City & State MIAMI, FL	4. FEE Number 59-3683316	Applied For Not Applicable
Zip 33147	Country MIAMI-DADE	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LUZ DE JESUS, REINA 16236 S.W. 19TH ST MIRAMAR FL 33027	7. Name and Address of New Registered Agent Name REINA L. DE JESUS Street Address (P.O. Box Number is Not Acceptable) 6740 N.W. 37 AVE City MIAMI, FL Zip Code 33147
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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 *Reina L. De Jesus* DATE **1/10/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
D			
LUZ DE JESUS, REINA			
16236 S.W. 19TH			
ST MIRAMAR FL 33027			

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: *Reina L. De Jesus* **REINA L. DE JESUS** DATE **1/10/01** DAYTIME PHONE # **(305) 698-6488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)