

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90099 013 ***158.75

DOCUMENT # P00000100044

1. Entity Name

ARTISTIC STONE INC. FURNITURE MANUFACTURING



Principal Place of Business

**6900 N.W. 37 AVE
MIAMI FL 33147**

Mailing Address

**6900 N.W. 37 AVE
MIAMI FL 33147**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3683316

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUZ DE JESUS, REINA

6740 N.W. 37 AVE

MIAMI FL 33147

Name

LUZ DE JESUS, REINA

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

6900 N.W. 37TH AVE

City
MIAMI

FL Zip Code
33147

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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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	D	<input type="checkbox"/> Delete
NAME	LUZ DE JESUS, REINA	
STREET ADDRESS	16236 S.W. 19TH	
CITY-ST-ZIP	ST MIRAMAR FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with or without like empowered.

SIGNATURE: ROSEAN L. DE JESUS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/03 **786-299-2963**
Daytime Phone #

CR2E034 (4/03)

Attachment# 80147688
PO0000100044

ARTISTIC STONE INC.

Furniture Manufacturer

September 9, 2003

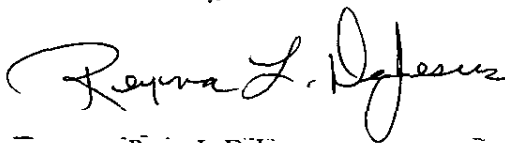
- DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

To Whom It May Concern:

YOU ARE HEREBY NOTIFIED THAT WE DID NOT RECEIVE OUR PRIOR UNIFORM BUSINESS REPORT FORM.

WE HAVE BEEN HAVING PROBLEMS RECEIVING OUR MAIL CORRECTLY AND ON TIMELY FASHION DUE TO THE FACT THAT A NEW BUSINESS WITH THE NAME ARTISTIC STONES INC. 6900 NW 35TH AVE. MIAMI FL. 33147 HAS MOVED NEARBY. WE HAVE CONTACTED THE POST OFFICE AND RELY THIS PROBLEM HAS BEEN CORRECTED. WE HEREBY REQUEST YOU ACCEPT OUR PAYMENT OF \$150.00

Sincerely,



Reyna L. DeJesus
President

6900 NW 37th Avenue

• Miami, Fl • 33147

PHONE: 786-299-2963