## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000006656

1. Entity Name

STONE WELLAS CLOTHES, INC

## **FILED** May 05, 2003 8:00 am Secretary of State

05-05-2003 91417 033 \*\*\*150.00

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2. Principal Place of Business 3. Mailing Address 2274 W 80th ST 2274 W 80th ST Suite, Apt. #. etc. Suite, Apt. #, etc. UNIT 7 UNIT 7 City & State HIALEAH City & State HIÁLEAH Country Country 33016 33016

11040367

DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

65-1073589

\$8,75 Additional

5. Certificate of Status Desired П 7. Name and Address of Current Registered Agent \*\*

Fee Required

## DO NOT WRITE IN THIS SPACE

January 1 - May 1 Fee is \$150.00

**FUXA, ESTEBAN** 

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

4. FEI Number

2274 W 80th ST UNIT 7

City HIALEAH

Zip Code 33016

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.

9. Election Campaign Financing

**\$5.00** May Be

After May 1, Fee is \$550:00 Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE **FUXA, ESTEBAN** PRESIDENT NAME NAME 2274 W 80th ST UNIT 7 STREET ADDRESS STREET ADDRESS HIALEAH, FL 33016 CITY-ST-7IP CITY - ST- ZIP TITLE MUE NAME STREET ADDRESS STREET ADDRESS CITY-ST-789 CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CHY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP" -TULE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

12. Thereby 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 of the corporation or the receiver or trustee empowered to attachment with an address, with all other like empowered.

SIGNATURE:

**ESTEBAN FUXA** 

03/19/03

(305)231-0506