

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90174 010 \*\*\*150.00

**DOCUMENT # P01000078581**



**1. Entity Name**  
**STONEHENGE CONSTRUCTION, INC.**

**Principal Place of Business**  
**10345 SW 70 STREET**  
**MIAMI FL 33173**

**Mailing Address**  
**10345 SW 70 STREET**  
**MIAMI FL 33173**

**2. Principal Place of Business**

**3. Mailing Address**

**PO BOX 310158**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI FLORIDA**

**4. FEI Number**

**65-1130591**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33231**

**USA**

**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**

**DUART, ALEJANDRO J**  
**10345 SW 70 STREET**  
**MIAMI FL 33173**

Name

**ALEJANDRO J. DUART**

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

**1450 BUCKELL BAY DR #1403**

City

**MIAMI**

**FL**

Zip Code

**33131**

**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

**ALEJANDRO J. DUART**

(NOTE: Registered Agent signature required when reinstating)

**02-17-03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PSD	<input type="checkbox"/> Delete
NAME	DUART, ALEJANDRO J	
STREET ADDRESS	10345 SW 70 STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUART, ALEJANDRO J.		
STREET ADDRESS	1450 BUCKELL BAY DR		
CITY-ST-ZIP	MIAMI FL 33131		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 an other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALEJANDRO J. DUART**

**02-17-03**

Date

**305-376-8630**

Daytime Phone #

CR2E034 (10/02)