

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-31-2003 90172 015 \*\*\*158.75

DOCUMENT # P01000103149



1. Entity Name  
**PAN AMERICAN STONE, INC.**

Principal Place of Business  
**9350 NW S RIVER DR  
MIAMI FL 33166**

Mailing Address  
**9350 NW S RIVER DR  
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

APPLIED FOR

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

**GARCIA, JORGE A  
9350 NW S RIVER DR  
MIAMI FL 33166**

Name

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

City

FL

Zip Code

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 resigning)

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 ☐ Delete  
NAME **D NAZARIO, JESUS**  
STREET ADDRESS **9350 NW S RIVER DR**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D GARCIA, JORGE A**  
STREET ADDRESS **9350 NW S RIVER DR**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D RODRIGUEZ, OTONEL**  
STREET ADDRESS **9350 NW S RIVER DR**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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, without other who empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-24-03

(305) 887-3070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Form **SS-4**

(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **03-0516139**

OMB No. 1545-0003

20090524  
001000103419  
Type or print clearly.

Handwritten notes on the left margin.

1 Legal name of entity (or individual) for whom the EIN is being requested <b>PAN AMERICAN STONE INC.</b>	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name <b>JORGE GARCIA</b>
4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>9350 N.W. SOUTH RIVER DR</b>	5a Street address (if different) (Do not enter a P.O. box.)
4b City, state, and ZIP code <b>Miami FL 33166</b>	5b City, state, and ZIP code
6 County and state where principal business is located <b>DADE County Florida</b>	
7a Name of principal officer, general partner, grantor, owner, or trustor <b>JORGE GARCIA</b>	7b SSN, ITIN, or EIN

8a Type of entity (check only one box)

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> Trust (SSN of grantor)
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input type="checkbox"/> Other (specify) ▶	Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State <b>Florida</b>	Foreign country
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9 Reason for applying (check only one box)

<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>NATURAL STONE &amp; BRICK</b>	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) <b>APRIL 5 2003</b>	11 Closing month of accounting year <b>12/31</b>
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ▶

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-." . . . . . ▶

Agricultural	Household	Other
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14 Check one box that best describes the principal activity of your business.

<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other
<input type="checkbox"/> Other (specify)			<input checked="" type="checkbox"/> Retail	

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.  
**NATURAL STONE & BRICK**

16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . ☒ Yes ☐ No  
Note: If "Yes," please complete lines 16b and 16c.

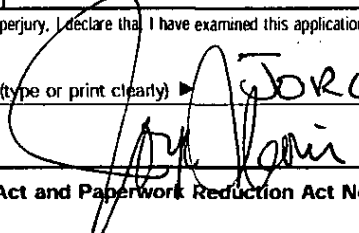
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.  
Legal name ▶ **SURFACE CREATIONS** Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
	<b>Miami FL</b>	<b>65-0921923</b>

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code)
	Address and ZIP code	Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ <b>JORGE GARCIA (Pres)</b>	Applicant's telephone number (include area code) <b>(305) 887-3090</b>
Signature ▶ 	Applicant's fax number (include area code) <b>(305) 887-1877</b>
Date ▶ <b>4/30/2003</b>	