

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-07-2003 90197 027 ***150.00

DOCUMENT # P02000007185

1. Entity Name
M G STONECRAFTERS INC.



Principal Place of Business
**7725 WEST 26TH AVE
F11
HIALEAH FL 33016**

Mailing Address
**7725 WEST 26TH AVE
F11
HIALEAH FL 33016**



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 **42-1529073**

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

**SERRANO, WILLIAM E
351 LAKE CREST CT
WESTON, FL 33328**

Name
TAX DEFENSE CENTER
Street Address (P.O. Box Number is Not Acceptable)
2350 W 84th Street
Hialeah, FL 33016
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 reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GALLARDO, JORGE E
11271 S.W. 144TH AVE
MIAMI FL 33186** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GALLARDO, JORGE E.
7125 W 26th AVE BAYH F11
HIALEAH, FL 33016** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this report 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 all other persons empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT: JORGE E. GALLARDO

Date

Daytime Phone #

4-2-03 305-822-5539

CR2E034 (10/02)