

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90947 049 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000021723

1. Entity Name
ASSOCIATED NATURAL STONE FLORIDA, INC.



Principal Place of Business
277 N COCONUT LN
MIAMI BEACH, FL 33139

Mailing Address
277 N COCONUT LN
MIAMI BEACH, FL 33139

2. Principal Place of Business

3. Mailing Address

55 PALM AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI BEACH, FL

Zip

Country

Zip

Country

33139

4. FEI Number

75-2010649

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ALDAVERO, JOSE M
277 N COCONUT LN
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

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 date if applicable.

(NOTE: Registered Agent signature required when substituting)

DATE

FILE NOW WITH FEE IS \$160.00
ARRAY MAY 1, 2003 FEE WILL BE \$650.00
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 DP
NAME ALDAVERO, JOSE M
STREET ADDRESS 65 PALM AVE
CITY-ST-ZIP MIAMI BEACH, FL 33139 ☐ Delete

TITLE DV
NAME GUPTA, KAPIL
STREET ADDRESS 277 N COCONUT LN
CITY-ST-ZIP MIAMI BEACH, FL 33139 ☐ Delete

TITLE DS
NAME ARIAS, YOALNDA
STREET ADDRESS 65 PALM AVE
CITY-ST-ZIP MIAMI BEACH, FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/03 (305)5386463

CR2E034 (10/02)