

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0022711 AV

DOCUMENT # P02000022137

1. Entity Name
THE EXCLUSIVE STONE, INC.



FILED
03 OCT -2 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7365 WEST 14 COURT
HIALEAH FL 33014

Mailing Address
7365 WEST 14 COURT
HIALEAH FL 33014

2. Principal Place of Business
2639 W 3RD AVE
Suite, Apt. #, etc.

3. Mailing Address
2639 W 3RD CT
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Hialeah FL
Zip
33010
Country
M-Dade

City & State
Hialeah FL
Zip
33010
Country
M-Dade

4. FEI Number
01-0634637
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CABRERA, ALBERTO
7365 WEST 14 COURT
HIALEAH FL 33014

7. Name and Address of New Registered Agent

Name
Alberto Cabrera
Street Address (P.O. Box Number is Not Acceptable)
7365 W 14th Ct.
City
Hialeah FL Zip Code
33014

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: Alberto D Cabrera DATE: 9/30/03
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	CABRERA, ALBERTO	
STREET ADDRESS	7365 WEST 14 COURT	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

400023521734
10/02/03--01077--025 **\$50.00

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 all other like empowered.

SIGNATURE: Alberto D Cabrera PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/03 (305) 887-8818
Date Daytime Phone #

CR2E034 (4/03)