

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

DOCUMENT # **P02000024558**

1. Entity Name
STONE-JEANS PHILOSOPHY, INC.



Principal Place of Business
**780 NORTHWEST LEJEUNE ROAD
SUITE 516
MIAMI FL 33126**

Mailing Address
**780 NORTHWEST LEJEUNE ROAD
SUITE 516
MIAMI FL 33126**



2. Principal Place of Business

3. Mailing Address

4. City & State

Suite, Apt. #, etc.

City & State

4. FEI Number
02-0557467

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

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

Name **Aurelio A Piedra**
Street Address (P.O. Box Number is Not Acceptable)
**780 NW Le Jeune Rd
516**
City **Miami** FL **33126**

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

Aurelio A Piedra

2/20/03

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 10

TITLE **PD**
NAME **SALOMON ROMANO, CARLOS A**
STREET ADDRESS **780 NORTHWEST LEJEUNE ROAD SUITE 516**
CITY-STATE-ZIP **MIAMI FL 33126**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **VD**
NAME **ROMANO, JOSE R**
STREET ADDRESS **780 NORTHWEST LEJEUNE ROAD SUITE 516**
CITY-STATE-ZIP **MIAMI FL 33126**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **SD**
NAME **ROMANO, RAFAEL D**
STREET ADDRESS **780 NORTHWEST LEJEUNE ROAD SUITE 516**
CITY-STATE-ZIP **MIAMI FL 33126**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **TD**
NAME **ROMANO YASSIN, RAFAEL F**
STREET ADDRESS **780 NORTHWEST LEJEUNE ROAD SUITE 516**
CITY-STATE-ZIP **MIAMI FL 33126**

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12. I hereby certify that the information supplied with this filing is true and correct for the exemption stated in Section 119.07(3)(b), Florida Statutes. I understand that any false information on this report or supplemental report is a crime under the law and that any signature shall have the same legal effect as if made under oath and that I am subject to the provisions of Chapter 607, Florida Statutes, for filing false information or for failing to file a report or supplemental report as required by Chapter 607, Florida Statutes, or for failing to file a report or supplemental report as required by Chapter 607, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos A. Romano/PO

2/20/03