

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91153 014 \*\*\*150.00

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**DOCUMENT # P02000080780**

1. Entity Name  
**ART OF STONE DESIGN, INC.**



Principal Place of Business  
**801 MADRID STREET  
SUITE 203  
CORAL GABLES FL 33134**

Mailing Address  
**801 MADRID STREET  
SUITE 203  
CORAL GABLES FL 33134**

**11040669**



2. Principal Place of Business

**1 CURTIS PARKWAY #5**

3. Mailing Address

**1 CURTIS PARKWAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**Miami Springs, FL**

City & State

**Miami Springs, FL**

4. FEI Number

**6800549297**

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

**33166**

**33166**

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

**DIAZ-VOORDAIN, GLADYS M  
801 MADRID STREET  
SUITE 203  
CORAL GABLES FL 33134**

Name

**JOSE MENENDEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**1 CURTIS PARKWAY #5**

City

**Miami Springs**

FL

Zip Code

**33166**

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  
**D  
MENENDEZ, JOSE  
2802 SW 24 TERRACE  
MIAMI FL 33145**

☐ Delete

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

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☐ 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)(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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)