

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90084 043 ***150.00

DOCUMENT # P02000095545

1. Entity Name
COOL STONE, CORP.



Principal Place of Business
**887 CRYSTAL LAKE DRIVE
DEERFIELD BEACH FL 33064**

Mailing Address
**887 CRYSTAL LAKE DRIVE
DEERFIELD BEACH FL 33064**

2. Principal Place of Business
**6700 NW 20th AVE
Suite, Apt. #, etc.
6724**

3. Mailing Address

Suite, Apt. #, etc.

City & State
FORT LAUDERDALE, FL

City & State

4. FEI Number
41-2057625

Applied For
Not Applicable

Zip
33309

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**GONCALVES, JOAO P
887 CRYSTAL LAKE DRIVE
DEERFIELD BEACH FL 33064**

7. Name and Address of New Registered Agent

Name **TAX HOUSE CORP.**

Street Address (P.O. Box Number is Not Acceptable)

3929 N. FEDERAL HWY

City **POMPANO BEACH**

FL

Zip Code
33064

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)

PRES.

03/04/2003
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	PTD DIETRICH, JUAREZ 887 CRYSTAL LAKE DRIVE DEERFIELD BEACH FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GONCALVES, JOAO 887 CRYSTAL LAKE DRIVE DEERFIELD BEACH FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/2003

(954) 972-8534

Date

Daytime Phone #

CR2E034 (10/02)