

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90113 011 ***150.00

DOCUMENT # P02000112977

1. Entity Name
GENUINE STONE DESIGN, INC.



Principal Place of Business
270 NW 183RD ST.
MIAMI FL 33169

Mailing Address
270 NW 183RD ST.
MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FE Number

04-3717642

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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 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

TITLE PSTD
NAME RILEY, PATRICIA
STREET ADDRESS 270 NW 183RD ST.
CITY-ST-ZIP MIAMI FL 33169

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Application for Employer Identification Number

File this form by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **04-3717642**

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested GENUINE STONE DESIGN, INC.			3 Executor, trustee, "care of" name		
	2 Trade name of business (if different from name on line 1)			5a Street address (if different) (Do not enter a P.O. box.)		
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 270 Northwest 183rd Street			5b City, state, and ZIP code		
	4b City, state, and ZIP code Miami, Florida 33169			6 County and state where principal business is located		
	7a Name of principal officer, general partner, grantor, owner, or trustor Patricia Riley, President			7b SSN, ITIN, or EIN 263-63-0523		
	8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120S <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶		
	8b If a corporation, name the state or foreign country (if applicable) where incorporated Florida			Foreign country		
	9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
	10 Date business started or acquired (month, day, year) 10/21/02			11 Closing month of accounting year December		
	12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to beneficiary (month, day, year). n/a					
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." 0			Agricultural Household Other			
14 Check one box that best describes the principal activity of your business. <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Rental/leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify)						
15 Indicate principal type of merchandise sold; specific construction work done; products produced; or services provided. Home Improvement						
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.						
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶						
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN						

Stamp # 80006289

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name		Designee's telephone number (include area code)
	Address and ZIP code		Designee's fax number (include area code)
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print clearly) ▶		Applicant's telephone number (include area code)	
Signature ▶		Applicant's fax number (include area code)	
Date ▶			
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form SS-4 (Rev. 12-2001)			