

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90440 019 ***150.00

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DOCUMENT # P02000115761

1. Entity Name

A & A STONE DESIGN, CORP.



Principal Place of Business
2194 WEST 60TH STREET #22106
HIALEAH FL 33016

Mailing Address
2194 WEST 60TH STREET #22106
HIALEAH FL 33016



2. Principal Place of Business

7501 NW 55 Street

3. Mailing Address

7501 NW 55 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Miami FL

City & State

Miami FL

4. FEI Number

74-3066803

Applied For

Not Applicable

Zip

33166

Country

Zip

33166

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSA, ALEXI
2194 WEST 60TH STREET #22106
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name ORLANDO LAMAS

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

7501 NW 55 Street

City

Miami

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

TITLE P
NAME ROSA, ALEXI
STREET ADDRESS 2194 WEST 60TH STREET #22106
CITY-ST-ZIP HIALEAH FL 33016

☒ Delete

TITLE V
NAME LAMAS, ORLANDO
STREET ADDRESS 2194 WEST 60TH STREET #22106
CITY-ST-ZIP HIALEAH FL 33016

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ 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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03

Date

Daytime Phone #

CR2E034 (10/02)