

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

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90112 004 ***158.75

DOCUMENT # P96000073811
1. Entity Name
NATURAL STONES OF MIAMI, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>7775 NW 66th STREET</u> Suite, Apt. #, etc.	3. Mailing Address <u>7775 NW 66th STREET</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>MIAMI FL</u>	City & State <u>MIAMI FL</u>	4. FEI Number <u>65-0691598</u>	Applied For Not Applicable
Zip <u>33166</u>	Country <u>US</u>	Zip <u>33166</u>	Country <u>US</u>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name <u>-APARICIO, MARIA L-</u>		
	Street Address (P.O. Box Number is Not Acceptable) <u>7775 NW 66th STREET</u>		
	City <u>MIAMI</u>	State <u>FL</u>	Zip Code <u>33166</u>

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PSTD APARICIO, MARIA L 7775 NW 66th STREET MIAMI FL 33166</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Aparicio* 04.12.02 305-513-8585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)