

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

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90125 025 ***150.00

DOCUMENT # P97000016228

1. Entity Name

Decort Stonework, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2400 W 3rd Ct

Suite, Apt. #, etc.

3. Mailing Address

2400 W 3rd Ct

Suite, Apt. #, etc.

40081137

DO NOT WRITE IN THIS SPACE

City & State

Hialeah Fla

City & State

Hialeah, FLA

4. FEI Number

65-0733308

Applied For

Not Applicable

Zip

33010

Country

DADE

Zip

33010

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Elizabeth Jaramillo

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

903 Stillwater Ct

City

Weston

FL

Zip Code

33327

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

4/29/05

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
Elizabeth Jaramillo
903 Stillwater Ct
Weston FLA 33327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Alfonso Jaramillo
903 Stillwater Ct
Weston, FLA 33327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Guillermo Medina
TREASURER.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth Jaramillo *Elizabeth Jaramillo* 4/29/05 (305) 887-3665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)