

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90103 045 ***150.00

DOCUMENT # **PA7000070602**

1. Entity Name

CREATIONS STONE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

885 W. 18 street

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hialeah, FL

City & State

FFI Number
65-0817979

Applied For

Not Applicable

Zip
33010

Country
USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAVIER INDA

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

240 DE SOTO DRIVE

City & State
Miami Springs FL

Zip Code
33166

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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)

☒

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.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **JAVIER INDA**
STREET ADDRESS **240 DE SOTO DR.**
CITY-ST-ZIP **Miami Springs, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD**
NAME **ROGELIO TORRES**
STREET ADDRESS **885 W. 18 ST.**
CITY-ST-ZIP **Hialeah, FL 33010**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD**
NAME **JORGE ACOSTA**
STREET ADDRESS **625 MINOLA DRIVE**
CITY-ST-ZIP **Miami Springs, FL 33166**

TITLE
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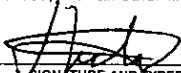
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAVIER INDA 4/30/02

Date

Daytime Phone #

**305
888-3221**

CR2E034B (12/01)