

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90296 010 ***150.00

DOCUMENT # *P97000071456*

1. Entity Name *PARETA'S STONE, INC.-*

Principal Place of Business *3562 NW 50th ST*
Miami FL- 33142

Mailing Address *4095 SW 97th Ave.-*
Miami FL- 33165

2. Principal Place of Business *3562 NW 50th ST*
 Suite, Apt. #, etc.

3. Mailing Address *4095 SW 97th Ave.-*
 Suite, Apt. #, etc.

City & State *Miami FL-*

Zip *33142* **Country** *Miami-Dade*

City & State *Miami FL-*

Zip *33165* **Country** *Miami-Dade*

4. FEI Number *65-0780510*

Applied For ☐ **Not Applicable** ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GILBERTO PARETAS
4095 SW 97th Ave.-
Miami FL- 33165

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.

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)**

FILE NOW!!!
After Fee will be
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	<i>P</i>	<input type="checkbox"/> Delete
NAME	<i>GILBERTO PARETAS</i>	
STREET ADDRESS	<i>4095 SW 97th Ave.-</i>	
CITY-ST-ZIP	<i>MIAMI FL- 33165</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GILBERTO PARETAS *4/12/04*
PRESIDENT

Date **Daytime Phone #**

CR2E034 (5/01)