

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 06, 2003 8:00 am  
Secretary of State

02-06-2003 90090 029 \*\*\*150.00

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1. Entity Name  
FORTUNE STONE, INC.

Principal Place of Business  
4700 SW 30TH ST  
DAVIE FL 33314

Mailing Address  
-4700 SW 30TH ST  
-DAVIE FL 33314

42003316



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

11450 NW 21 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, FL

4. FEI Number 65-0870217

Applied For  
Not Applicable

Zip

Country

Zip 33323

Country U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIGUEL, BERNAL JR  
11450 NW 21 CT  
PLANTATION FL 33323

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVD  
NAME BERNAL, MIGUEL A SR  Delete  
STREET ADDRESS 4700 SW 30 ST  
CITY-ST-ZIP DAVIE FL 33314

TITLE President  Change  Addition  
NAME Miguel A. Bernal, Sr.  
STREET ADDRESS 7305 S.W. 18 St. Rd.  
CITY-ST-ZIP Miami, FL 33155

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Vice President  Change  Addition  
NAME Miguel A. Bernal, Jr.  
STREET ADDRESS 11450 NW 21 CT.  
CITY-ST-ZIP Plantation, FL 33323

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 life empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08  
Date

954-520-5688  
Daytime Phone #

CR2E034 (10/02)