## PROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1. Corporetio		0088202			
UNIVER	SAL STONE, INC.			( 1881-1861 ) (B. 1816) (B. 1816) (B. 1871) (B	er enema filita etale artia alor fili
		•			
Principal Plac	e of Business	Mailing Address		3 IEDTABOT 150 TOPST FOR TODAL DOTT OF COLUMN	il (diù) ipera (saip enilà itat raà)
815 W 69 PLA		815 W 69 PLACE			
HIALEAH FL 33	3014 	HALEAH FL 33014		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualifed	
				10/15/1998	· · · · · · · · · · · · · · · · · · ·
· ·	tace of Business	2a. Mailing Address		4. FEI Number 65-087/027	Applied For
26       26					\$8.75 Additional
22 27				5. Certificate of Status Desired	Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23 28		Trust Fund Contribution Added to Fees			
Zip Country Zip		Country = -8. This corporation owes the current year intangible		ntangible No	
24	9. Name and Address of Curr	29 30 ent Registered Agent	<u>"</u>	Personal Property Tax.  10. Name and Address of New Registered	
		Elic registored regone	81 Name		
PARETAS, UBERTO				ress (P.O. Box Number is Not Acceptable)	
9039 NW 152 LANE			OL OHEBO / NO	Toda (T. J. Dox Maria of Total Capped Day)	
MIAMI FL 33016			83		,
		•	84 City		85 Zip Code
44 Downwort	to the provisions of Sections 607 ()	502 and 607 1509 Standa Statutos	the above-named corr	poration submite this statement for the purpose of	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent; or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.					
1	m ramiliar with, and accept the con-	gations of, Section 607,0503, Clonics	statutes.		
SIGNATURE	Signature, typed or printed name of registered a		gistered Agent algorature require		
12.	OFFICERS A	ND DIRECTORS:	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12    Change
TITLE NAME	PARETAS, UBERTO	عاصاعل ليا.	1.2 NAME		4
STREET ADDRESS	9039 NW 152 LANE		13 STREET ADDRESS	•	[8]
CITY-ST-ZIP	MIAMI FL 33016	;	1.4 CITY-5T-23P		3Z
TITLE	VSD	☐ DELETE	2.1 TITLE		Change Addition O
NAME	LOPEZ, MANUEL		2.2 NAME		<b>{</b>
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33014	□ BELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE NAME		☐ DELETE	3.1 TITLE 3.2 NAME		C Avenue C Language
STREET ADDRESS	•		3.3 STREET ADDRESS		
CITY-ST-ZIP			34, CITY-ST-ZIP		,
TITLE		: 10 DELETE	4.1 TITLE		Change. Addition
NAME	• • • • • • • • • • • • • • • • • • • •		4.2 NAME	•	
STREET ADDRESS		·	4.3 STREET ADDRESS	- , , ,	
CITY-ST-ZIP		) DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE, NAME		C) VETTIE	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	٠	``	5.4 CITY-ST-ZIP		
TITLE		· DELETE	6.1 TITLE		Change Addition
NAME	,		52 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	•	
CITY-ST-ZIP			6.4 C/TY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3\(1)\), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 fursitee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

ME A SIGNAM OFFICER OR DIRECTOR

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**FILED** 

Mar 05, 1999 8:00 am Secretary of State

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