

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 03, 2003 8:00 am**  
**Secretary of State**

07-03-2003 90034 010 \*\*\*550.00

DOCUMENT # P98000091104

1. Entity Name  
TWIN STONE DESIGNS AND INSTALLATION, INC.



Principal Place of Business  
470 ANSIN BLVD  
A  
HALLANDALE FL 33009

Mailing Address  
7915 NW 170 TERR. 8456 Glencairn Terr  
MIAMI FL 33015 Miami Lakes, FL 33016



2. Principal Place of Business  
470-A Ansin Blvd  
Suite, Apt. #, etc.  
# A

3. Mailing Address  
8456 Glencairn Terr  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
Hallandale Beach, FL  
Zip  
33009  
Country

City & State  
Miami Lakes, FL 33016  
Zip  
33016  
Country

4. FEI Number 65-0956127 Applied For  
Not Applicable

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

PARENTE, MAYRA L  
7915 NW 170 TERR.  
MIAMI FL 33015

8456 Glencairn Terr  
Miami Lakes, FL 33016

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D <input type="checkbox"/> Delete
NAME	PARENTE, MAYRA
STREET ADDRESS	7915 NW 170 TERR.
CITY-ST-ZIP	MIAMI FL 33015
TITLE	D <input type="checkbox"/> Delete
NAME	MEDINA, PLINIO I
STREET ADDRESS	7915 NW 170 TERR.
CITY-ST-ZIP	MIAMI FL 33015
TITLE	<input checked="" type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: SIGNATURE REQUIRED Mayra L. Parente (954) 450-1009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)