

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90110 028 ***150.00

DOCUMENT # P98000100802
 1. Entity Name
COBENA'S STONE CORP.

Principal Place of Business
10022 NW 80 AVE
HIALEAH FL 33016

Mailing Address
16675 S.W. 91ST LANE
MIAMI FL 33196

2. Principal Place of Business
10104 N.W. 80 AV.

3. Mailing Address
10104 N.W. 80 AV.

Suite, Apt. #, etc.

City & State
Hialeah Gardens, Florida

City & State
Hialeah Gardens, Florida

Zip
33016

Country
USA

Zip
33016

Country
USA

4. FEI Number **65-0879269**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
COBENA, EDINSSON
10022 NW 80 AVE
HIALEAH GARDENS FL 33016

7. Name and Address of New Registered Agent
 Name **EDINSSON COBENA**
 Street Address (P.O. Box Number is Not Acceptable)
10104 N.W. - 80 AV.
 City **MIAMI FLORIDA** FL Zip Code **33016**

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 *E/10/02* DATE **04/23/02**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD COBENA, EDINSSON 10022 NW 80 AVE HIALEAH GARDENS FL 33016 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | GARUTTI, MIGUEL 10022 NW 80 AVE HIALEAH GARDENS FL 33016 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 the empowered.

SIGNATURE: X **SIGNATURE REQUIRED** *E/10/02* **EDINSSON COBENA** **305-698 1812**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)