

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001257

1. Entity Name

FLORIDA DECO STONE, INC.

Principal Place of Business

Mailing Address

~~20004 N.W. 55TH COURT~~  
~~MIAMI FL 33055~~

~~20004 N.W. 55TH COURT~~  
~~MIAMI FL 33055~~

2. Principal Place of Business

682 NW 107 ST

Suite, Apt. #, etc.

3. Mailing Address

650 S Biscayne River Dr

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

MIAMI FL 33169

Zip

33150

Country

Zip

Country

4. FEI Number

65-0885432

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUARTE, ULISES A

~~20004 N.W. 55TH COURT~~  
~~MIAMI FL 33055~~

650 S Biscayne River Dr  
MIAMI FL 33169-6230

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!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

TITLE ☐ Delete  
NAME DUARTE, ULISES A  
STREET ADDRESS ~~20004 N.W. 55TH COURT~~ 650 S Biscayne River Dr  
CITY-ST-ZIP ~~MIAMI FL 33055~~ MIAMI FL 33169

TITLE ☒ Delete  
NAME DUARTE, ALBA LUCIA  
STREET ADDRESS ~~20004 N.W. 55TH COURT~~ 650 S Biscayne River Dr  
CITY-ST-ZIP ~~MIAMI FL 33055~~ MIAMI FL 33169

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90112 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0211593

CR2E034 (10/00)