

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021457

1. Entity Name
NATURAL STONE CREATIONS INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90069 009 ***158.75

Principal Place of Business Mailing Address
19139 N.W. 23 COURT.
Pembroke, Pines, FL. 33029

2. Principal Place of Business 3. Mailing Address
19139 N.W. 23 CT. 33029 SAME AS ABOVE
SUITE, APT., #, etc. 19139 NW 23 CT.

DO NOT WRITE IN THIS SPACE

City & State 4. FEI Number Applied For
Pembroke Pines FL 650962624 Not Applicable
Zip Country 5. Certificate of Status Desired \$8.75 Additional
33029 Broward 33029 Broward Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Julio Rodriguez ANAYANCY M. CAULA
14228 S.W. 17 ST. Street Address (P.O. Box Number is Not Acceptable)
Miami FL 33175 19139 N.W. 23 CT.
City Pembroke Pines FL Zip Code 33029

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 Anayancy M. Caula President 4/30/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ FILE NOW MY FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
(See criteria on back) 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	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP
JULIO Rodriguez VP & DIRECTOR	14228 S.W. 17 ST.	MIAMI FL 33175	PRESIDENT AND DIRECTOR	ANAYANCY M. CAULA	19139 N.W. 23 CT. PEBROKE PINES FL 33029
ANAYANCY M. CAULA	PRESIDENT AND DIRECTOR	19139 N.W. 23 CT. PEMBROKE PINES FL 33029			

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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, 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: Anayancy M. Caula President 4/30/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR #SECRETARY Date Daytime Phone 305 7248620

CR2E034 (9/99)