

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027209

1. Entity Name

U.S. STONE, INC.

Principal Place of Business

3310 NE 79 AVE UNIT 7A
MIAMI FL 33172

33122

Mailing Address

3310 NE 79 AVE UNIT 7A
MIAMI FL 33172

2. Principal Place of Business

3310 N.W. 79 Ave

Suite, Apt. #, etc.

Miami

City & State

FLA.

3. Mailing Address

3310 NW Bldg

Suite, Apt. #, etc.

Miami

City & State

FLA.

Zip 33122

Country DADE

Zip 33122

Country

4. FEI Number

05-0922302

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, ELADIO
30840 SW 158 AVE
MIAMI FL 33033

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

E. Fernandez

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/29/00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSTD
NAME FERNANDEZ, ELADIO
STREET ADDRESS 3310 NE 79 AVE UNIT 7A
CITY-ST-ZIP MIAMI FL 33172

☐ Delete

TITLE
NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME Fernandez, Eladio
STREET ADDRESS 3310 N.W. 79 Ave
CITY-ST-ZIP MIAMI, FL. 33122

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/00 (305) 436-6009

Date

Daytime Phone #

CR2E034 (9/99)