

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073952

1. Entity Name

ELGHO STONE MASTERS, INC.

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90019 012 ***150.00

Principal Place of Business 2328 FOGGY RIDGE PKWY LAND O'LAKES FL 34639	Mailing Address 2328 FOGGY RIDGE PKWY LAND O'LAKES FL 34639-5413
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3591044		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ELGHOSSEIN, SOLEIMAN 2328 FOGGY RIDGE PKWY LAND O'LAKES FL 34639		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELGHOSSEIN, SOLEIMAN + +28 FOGGY RIDGE PKWY LAND O'LAKES FL 34639 <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	<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 like empowered.

SIGNATURE: SOLEIMAN ELGHOSSEIN 5/9/00 (813) 494-6828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/99)

ELGHO STONE MASTERS INC.
2328 FOGGY RIDGE PKWY
LAND O LAKES FL 34639
PH. N° (813) 494-6828

MAY/9/00
#P99000073952
A0067039

TO WHOM IT MAY CONCERN

I AM WRITING THIS LETTER TO APOLOGIZE FOR
RETURNING THIS REPORT LATE AND TO EXPLAIN WHY
I WAS OUT OF TOWN FOR THE PAST TWO WEEKS
DUE TO FAMILY MATERS AND I RETURNED ON MAY/8/00
MY BUSINESS IS NEW AND SMALL SO I DON'T HAVE
A SECRETARY OR OTHER PERSONAL TO LOOK AFTER
MY PAPERWORK
ON MAY/9/00 I SPOKE TO ONE OF YOUR AGENTS ON
THE PHONE AND SHE ADVISED ME TO WRITE THIS LETTER
EXPLAINING MY SITUATION.

SINCERELY

SALIMAN ELGHOSSEIN

