

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90056 036 ***150.00

DOCUMENT # P99000097255

1. Entity Name
TECSTONE DESIGN INC.

Principal Place of Business
330 N CONGRESS AVE
DELRAY BEACH FL 33446

Mailing Address
330 N CONGRESS AVE
DELRAY BEACH FL 33446

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0964371

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MUNOZ, JAMES
1124 NW 11TH ST
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name **SOPHIA MUTI**

Street Address (P.O. Box Number is Not Acceptable)

620 NW 10TH CT.

City **BOYNTON BEACH**

FL

Zip Code **33426**

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, 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

TITLE **PD** ☒ Delete
NAME **MUNOZ, JAMES**
STREET ADDRESS **1124 NW 11TH ST**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **DS** ☐ Delete
NAME **MUTI, SOPHIA**
STREET ADDRESS **128 VIA DE CASA N**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **VPD** ☒ Delete
NAME **GRUBISA, GEORGE**
STREET ADDRESS **9905 LIBERTY RD.**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Delete
NAME
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 **PD, DS, VPD** ☒ Change ☐ Addition
NAME **SOPHIA MUTI**
STREET ADDRESS **620 NW 10TH CT.**
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

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

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

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02
 Date

561-330-8394
 Daytime Phone #

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CR2E034 (9/01)