

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90092 021 \*\*\*150.00

**DOCUMENT # S12111****1. Entity Name**  
**STONES SUPPLY CORP.****Principal Place of Business****2026 NE 155 ST**  
**MIAMI FL 33162****Mailing Address****2026 NE 155 ST**  
**1500 SAN REMO AVE STE 125**  
**MIAMI FL 33162****2. Principal Place of Business****3. Mailing Address****2026 N.E. 155st**

Suite, Apt. #, etc.

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**City & State****City & State****MIAMI FLA****Zip****Country****Zip****Country****33162****4. FEI Number 65-0233844****Applied For****Not Applicable****5. Certificate of Status Desired** ☐**\$8.75 Additional**  
**Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****GARCIA, EDUARDO****901-PONCE DE LEON BOULEVARD****SUITE 606****CORAL GABLES FL 33134****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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **D** ☐ Delete  
**NAME** **RODITI, LEON**  
**STREET ADDRESS** **1845 N.E. 148TH STREET** **2026 NE. 155st**  
**CITY-ST-ZIP** **NORTH MIAMI FL** **MIAMI FL 33162****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
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**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 another like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/12/01**  
Date**305-947-3505**  
Daytime Phone #

CR2E034 (10/00)