

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90124 043 ***550.00

DOCUMENT # S12111

1. Entity Name

STONES SUPPLY CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4565 N.W. 37th Ave.

Suite, Apt. #, etc.

3. Mailing Address
4565 N.W. 37th Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
650233844

Applied For

Not Applicable

Zip
33142

Country
USA

Zip
33142

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Atrium Registered Agents, Inc.

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

1500 San Remo Ave.

Suite 125

City
Coral Gables

FL

Zip Code
33146

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

07/01/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: ☐ (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
P/D
NAME
Leon Roditi
STREET ADDRESS
4565 N.W. 37th Ave.
CITY-ST-ZIP
Miami, FL 33142

TITLE
VP/S/T/D
NAME
Alex Roditi
STREET ADDRESS
4565 N.W. 37th Ave.
CITY-ST-ZIP
Miami, FL 33142

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/02

Date

Daytime Phone #

CR2E034B (12/01)