## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # V73879** ARTISTIC STONES, INC. 04-26-2001 90137 033 \*\*\*150.00 Principal Place of Business Mailing Address 1091 E. 26 ST. 1091 E. 26 ST. HIALEAH FL 33013 HIALEAH FL 33013 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0363091 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANGEL CASTILLO, JR. E Street Address (P.O. Box Number is Not Acceptable) 1320 \$ DIXIE HWY SUITE 450 CORAL GABLES FL 33146 Zio 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE noifibbA ... NAME ARENCIBIA, ROBERTO NAME 748 E. 53 St. Winlenh, Fl. 33013 STREET ADDRESS STREET ADDRESS 1091 E 26 ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL TITLE Delete TITLE Acdition 748 E. 53 St. NAME ARENCIBIA, ALEXANDER NAME STREET ADDRESS STREET ADDRESS 1091 E 26TH ST Hinlenh, Fl. 33013 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL TITLE SVD Delete TITLE Addition NAME ARENCIBIA, YRMA C NAME 948 E.53 St. Winledo, Fl. 33013 STREET ADDRESS STREET ADDRESS 1091 E 26 ST CITY - ST - ZIP CITY-ST-ZIP HIALEA FL TET) F Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIME Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST - ZIP

13. I hereby certify that the information supplied with this fitting 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.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO