

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008160
1. Entity Name
 BRILLANT MARBLE L.C.

FILED
 01 AUG 13 PM 12:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 20100 WEST COUNTRY CLUB DR., APT. #PH-8
 MIAMI FL 33180

Mailing Address
 20100 WEST COUNTRY CLUB DR., APT. #PH-8
 MIAMI FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 SAME AS ABOVE

3. Mailing Address
 SAME AS ABOVE

Suite, Apt. #, etc.
 PH-8

City & State
 Miami, FL

4. FEI Number
 65-1025-184

Applied For
 Not Applicable

Zip
 33180

Country
 USA

Zip
 33180

Country
 USA

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

TJUTINS, IGORS
 20100 WEST COUNTRY CLUB DR., APT. #PH-8
 MIAMI FL 33180

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT IGORS TJUTINS 20100 WEST COUNTRY CLUB DRIVE, APT. #PH-8 Miami, FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *(Signature)* **07-17-01 (786) 395-7763**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (5/01)