5/17

FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## Jun 19, 2001 8:00 am **Secretary of State DOCUMENT # M11333** 05-17-2001 91362 007 \*\*\*150.00 1. Entity Name MARBLE-ONYX DISTRIBUTORS, INC. Principal Place of Business Mailing Address 5220 NW 72 AVENUE 5220 NW 72 AVENUE BAY #30 BAY #30 MIAMI FL 33166 MIAMI FL 33166 US 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 59-2494951 Not Applicable Zip Country Zip 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 & WOOD FRIEDHOFF, JOHN H. Street Address (P.O. Box Number is Not Acceptable) 5220 N. W. 12 AVENUE 100 SE 2ND ST 17TH FLR 30 MIAMI FL 33131 Zip Code 33/66 HIAMI 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 d 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 filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Channe CR2E034 (10/00 NAME SCHMID, ENRIQUE NAME STREET ADDRESS 5220 NW 72 AVE BAY 30 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33168 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change - ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MILE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 eath; 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 il changed, or on an attachment with an address, with all other like empowered.

G OFFICER OF DIRECTOR