

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90096 025 \*\*\*150.00

DOCUMENT # 700000084908  
1. Entity Name MARBLE DEPOT INC. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business None at this time  
Suite, Apt. #, etc. Business Temp. closed  
City & State \_\_\_\_\_  
Zip \_\_\_\_\_ Country \_\_\_\_\_

3. Mailing Address 3355 Green Acres Rd  
Suite, Apt. #, etc. \_\_\_\_\_  
City & State St. Cloud FL  
Zip 34772 Country \_\_\_\_\_

4. FEI Number 59-3669848 Applied For  Not Applicable

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 REBECCA CASTANEDA  
Street Address (P.O. Box Number is Not Acceptable) 2709 SAFFRON DR  
City Orlando FL FL Zip Code 32837

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 re-registering) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <u>REBECCA CASTANEDA P/S</u><br><u>2709 SAFFRON DR</u><br><u>Orlando FL 32837</u>    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <u>HECTOR RIVERA JR T</u><br><u>3355 GREEN ACRES RD</u><br><u>St. Cloud FL 34772</u> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

**DO NOT WRITE 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)(b), 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] 4/25/02 407-616-5461  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)