FOR PROFIT CORPORATION 03
UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAR 19 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000063931

1. Entity Name

AMERICAN MARBLE BRITE, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
4195 NW 76 AVE	4195 NW 76 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE, FL	City & State: DAVIE, FL
Zip: 33024 Country:	Zip: 33024 Country:

4. FEI Number: 30-0085670 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: ALFREDO A GONZALEZ

Street Address (P.O. Box Number is Not Acceptable): 4195 NW 76 AVE

City: MIAMI FL Zip Code: 33024

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] DATE: 3/17/03

Signature, typed or printed name of individual with authority to sign is required. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DIRECTOR
NAME	ALFREDO A GONZALEZ
STREET ADDRESS	4195 NW 76 AVE
CITY-ST-ZIP	MIAMI, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/19/03--01043--004 **150.00

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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/17/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3120