# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 30 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000073937

1. Entity Name

ITAMARATY TILE & MARBLE INSTALLATIONS, CORP.

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT** 03

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2641 NE 9th TERRACE | 2641 NE 9th TERRACE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: POMPANO BEACH, FL | City & State: POMPANO BEACH, FL |
| Zip: 33064 Country: USA | Zip: 33064 Country: USA |

4. FEI Number 32-0021849 ☐ 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: MARLI BARROS RODRIGUES

Street Address (P.O. Box Number is Not Acceptable): 2641 NE 9th TERRACE

City: POMPANO BEACH FL Zip Code: 33064

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: Marli B. Rodrigues 10-27-2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT, DIRECTOR<br>MARLI BARROS RODRIGUES<br>2641 NE 9TH TERRACE<br>POMPANO BEACH, FL 33064 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 100024292971<br>10/30/03--01047--011 **150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | **DO NOT WRITE** |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | **IN THIS SPACE** |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |

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:** Marli B. Rodrigues 10/27/2003 954-235-0015

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

gr 11/4

2641 NE 9TH Terrace
Pompano Beach, FL 33064

RE: ITAMARATY TILE & MARBLE INSTALLATIONS, CORP.

P02000073937

DEAR STATE DEPARTMENT,

PLEASE WAIVE MY REINSTATEMENT FEE BECAUSE I DID NOT RECEIVE THE TWO PRIOR UNIFORM BUSINESS REPORT NOTICE. I HAVE CHANGED MY MAILING ADDRESS SO PLEASE TAKE NOT OF IT AND CHANGE IT IN YOUR RECORDS. THANK YOU.

MY OLD ADDRESS:

3441 NE 5TH AVENUE#A
POMPANO BEACH, FL 33064

MY NEW ADDRESS:

2641 NE 9th TERRACE
POMPANO BEACH, FL 33064

SINCERELY,

Marli B. Rodrigues

MARLI B. RODRIGUES