

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90035 029 ***150.00

DOCUMENT # P93000007228

1. Entity Name
REFLECTIONS MARBLE & GRANITE INC.

Principal Place of Business
1220 SW 140 PLACE
MIAMI FL 33175

Mailing Address
1220 SW 140 PLACE
MIAMI FL 33175

2. Principal Place of Business
2045 S.W. 142 PLACE
Suite, Apt. #, etc.

3. Mailing Address
2045 S.W. 142 PLACE
Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

Zip
33175

Country
USA

Zip
33175

Country
USA

4. FEI Number **59-2788026**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FABIAN, ROLANDO J
1220 SW 140 PLACE
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name **ROLANDO J. FABIAN**

Street Address (P.O. Box Number is Not Acceptable)

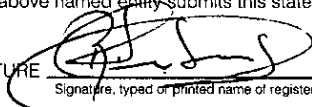
2045 S.W. 142 PLACE

City **MIAMI**

FL

Zip Code **33175**

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  **ROLANDO J FABIAN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **FABIAN, ROLANDO J**
STREET ADDRESS **1220 SW 140 PLACE**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **ROLANDO J. FABIAN**
STREET ADDRESS **2045 S.W. 142 PLACE**
CITY-ST-ZIP **MIAMI, FL. 33175**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 **ROLANDO J. FABIAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/02

Daytime Phone #

305-220-9517

CR2E034 (9/01)