

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90229 011 ***150.00

DOCUMENT # P93000010997

1. Entity Name
JOMAR MARBLE & GRANITE CORP.

715141



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9330 NW 13TH ST BAY 16 MIAMI FL 33172 US	Mailing Address 9330 NW 13TH ST BAY 16 MIAMI FL 33172 US
--	--

2. Principal Place of Business 2200 N.W 94TH AVE	3. Mailing Address 2200 N.W 94TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI / FL	City & State MIAMI / FL	4. FEI Number 65-0387334	Applied For Not Applicable
Zip 33147	Country USA	Zip 33147	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent HOLGUIN, JORGE L 9330 NW 13TH ST BAY 16 MIAMI FL 33172	7. Name and Address of New Registered Agent Name HOLGUIN, JORGE L Street Address (P.O. Box Number is Not Acceptable) 2200 N.W 94TH AVE City MIAMI FL Zip Code 33147
--	--

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 **JORGE L. HOLGUIN** DATE **1/22/01**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLGUIN, JORGE I 9919 NW 29TH STREET MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLGUIN, VIOLETA M 9919 NW 29TH STREET MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY HERNANDEZ, JUAN E. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 275 E. 6TH STREET #11 HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JORGE L. HOLGUIN** DATE **1/22/01** DAYTIME PHONE # **(305) 477-6168**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED34 (10/00)