

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90048 016 ***150.00

UBR 1/27/02 44

DOCUMENT # P93000086849

1. Entity Name
STONE TECH INT'L MARBLE & GRANITE INC.

Principal Place of Business 104 RIDGE ROAD JUPITER FL 33477	Mailing Address 104 RIDGE ROAD JUPITER FL 33477
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
435 CENTRAL INDUSTRIAL DR.

3. Mailing Address

Suite, Apt. #, etc.
SUITE B.

Suite, Apt. #, etc.

City & State
RIVIERA BEACH, FL.

City & State

4. FEI Number
65-0471109

Applied For
 Not Applicable

Zip
33404

Country
USA.

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIOVANNI, BRIGUGLIO
104 RIDGE ROAD
JUPITER FL 33477

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D GIOVANNI, BRIGUGLIO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	104 RIDGE RD	STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: **SIGNATURE REQUIRED** 1-09-02 561-840-9669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)