

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91088 043 ***150.00

DOCUMENT # P95000064668 1. Entity Name ATLANTIC STAR MARBLE CORP.																																																																																																																															
Principal Place of Business 4613 LE JEUNE ROAD CORAL GABLES, FL 33146			Mailing Address 4613 LE JEUNE ROAD CORAL GABLES, FL 33146																																																																																																																												
2. Principal Place of Business 8151 N.W. 66th St. Suite, Apt. #, etc.		3. Mailing Address 8151 N.W. 66th St. Suite, Apt. #, etc.		 ☒ CHECK HERE IF MAKING CHANGES																																																																																																																											
City & State MIAMI, FL		City & State MIAMI, FL																																																																																																																													
Zip 33166		Zip 33166																																																																																																																													
Country US		Country US		4. FEI Number 65-0604197																																																																																																																											
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable																																																																																																																											
6. Name and Address of Current Registered Agent GARCIA, ALFONSO 14637 SW 61ST STREET MIAMI, FL 33176				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																															
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when entering)																																																																																																																															
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																															
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PD GARCIA, HEDY</td> <td style="width: 20%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>14637 SW 61ST STREET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33176</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD CASAUBON, ROBERTO</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>6930 RUE VERSAILLES APT 10</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI BEACH, FL 33141</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD GARCIA, ALFONSO</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>14637 SW 61ST STREET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33176</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD BARAHONA, NORLAN</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>712 NW 111 PLACE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33172</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </td> <td style="width: 50%; 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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																															
SIGNATURE: <u>Hedy Garcia</u> HEDY GARCIA																																																																																																																															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2-28-03 305 443-5546 Date Daytime Phone #																																																																																																																															

CR2E034 (10/02)