

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90122 036 ***150.00

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1. Entity Name
CASTLE ROCK MARBLE & GRANITE CORPORATION

Principal Place of Business

15530 W. DIXIE HWY.
N. MIAMI FL 33162

Mailing Address

15530 W. DIXIE HWY.
N. MIAMI FL 33162

90003565



2. Principal Place of Business

315 W. 75 PLACE
Suite, Apt. #, etc. *Hialeah*
City & State *FLORIDA*

3. Mailing Address

315 W. 75 PLACE
Suite, Apt. #, etc. *Hialeah*
City & State *FLORIDA*

CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0993217

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIVIES, PATRICK
700 E. DANIA BCH BLVD
STE 202
DANIA FL 33004

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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TIZZONI, SALVATORE
STREET ADDRESS 15530 W. DIXIE HWY.
CITY-ST-ZIP N. MIAMI FL 33162 Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2003 (305) 698-8889
Date Daytime Phone #

CR2E034 (10/02)