## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

**DOCUMENT #** 

P98000032898

## **FILED** May 27, 2003 8:00 am Secretary of State

04-24-2003 90169 005 \*\*\*150.00

M B M TILE & MARBLE, INC.							)					
Principal Place of Business 3150 SW 26 STREET MIAMI FL 33133			2832	ng Address S.W. 25TH STREET AI FL 33133	`.	4	55043562					
Principal Place of Business			3. Ma	3. Mailing Address			$\frac{1}{2}$					
Suite, Apt			Sui	te, Apt. #, etc.	<del></del>	-	☐ CHECK HERE IF MAKING CHANGES					
City & State			City	& State			EP-18017536		pplied For ot Applicable	<u>,</u>		
Zip			Zip	Zip Cou		itry	5. Certificate of Status Desired			}		
6. Name and Address of Current Registered Agent								7. Name and Address of New Registered Agent				
					•	Name				- 4		٦.
	Q, BARBARA	<del></del>		معدد عيد ميسو يبغي <u>نديد</u>		Street Address (	Breet Address (P.O. Box Number is Not Acceptable)					
MIAMI FL	26 STREET 33133						<del>.</del>					1
	,					City				Zip Cod		1
8. The above the obliga	e named entity itions of registe	submits this statemed agent.	ent for the purp	ose of changing its	registere	ed office or register	red age	ent, or both, in the State of Flori	da, I am fami	liar with,	and accept	]_
SIGNATURE	Singahara penadis	or printed name of registered	ecent and title if one	Nicebia (NOT	F: Hanistora	d Agent eignature required	d when mi	instatuon)	DATE		<del></del>	
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		Fiorida Departme		}		•	1	Trust Fund Contribution.	Ŋ	Added	to Fees	}
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12. I hereby certily 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.

CITY-ST: ZIP

SIGNATURE:

CITY-ST-ZIP

<u>SIGNATURE REQUIRED</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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