

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 720127 (0)

1. Corporation Name

BROTHERHOOD OF MARBLE POLISHERS, INC.



Principal Place of Business

27 WEST SUNRISE BLVD  
FORT LAUDERDALE FL 33311

Mailing Address

27 WEST SUNRISE BLVD  
FORT LAUDERDALE FL 33311

3. Date Incorporated or Qualified  
01/25/1971

3a. Date of Last Report  
05/01/1995

4. FEI Number

NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARBARINO, GEORGE  
27 WEST SUNRISE BLVD  
FT LAUD FL 33311

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE D  
NAME MARTINEZ, RALPH  
STREET ADDRESS 8510 NW 30TH PLACE  
CITY-ST-ZIP MIAMI FL ☒ DELETE

1.1 TITLE V/D  
1.2 NAME WALTER SMITH  
1.3 STREET ADDRESS 2762 S. UNIVERSITY DRIVE  
1.4 CITY-ST-ZIP DAVID, FLORIDA 33328 ☐ Change ☒ Addition

TITLE PSD  
NAME GARBARINO, GEORGE  
STREET ADDRESS 27 W SUNRISE BLVD  
CITY-ST-ZIP FT LAUD FL 33311 ☐ DELETE

2.1 TITLE S/T/D  
2.2 NAME GARBARINO, GEORGE  
2.3 STREET ADDRESS 27 W. SUNRISE BLVD  
2.4 CITY-ST-ZIP FT. LAUD FL 33311 ☒ Change ☐ Addition

TITLE D  
NAME HART, ENOS  
STREET ADDRESS 550 NW 5 ST APT 1104  
CITY-ST-ZIP MIAMI FL 33128 ☐ DELETE

3.1 TITLE P/D  
3.2 NAME HART, ENOS  
3.3 STREET ADDRESS 550 N.W. 5 ST. APT 1104  
3.4 CITY-ST-ZIP MIAMI FL. 33128 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-1996 (954)764-1488  
Date Daytime Phone

CR2E037 (12/95)