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Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90005 015 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720127

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



2. Principal Place of Business

21 75 N.E. 44TH ST. #4B

2a. Mailing Address

26 75 N.E. 44TH ST. #4B

3. Date Incorporated or Qualified

01/25/1971

Suite, Apt. #, etc.

22 FT. LAUDERDALE FL.

Suite, Apt. #, etc.

27 FT. LAUDERDALE FL.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

23 33334 U.S.A.

28 33334 U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GARBARINO, GEORGE
27 WEST SUNRISE BLVD
FT LAUD FL 33311

10. Name and Address of New Registered Agent

81 Name

SAME.

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

75 N.E. 44TH ST. SUITE 4B

83

FT. LAUDERDALE FL.

84 City

FL

85 Zip Code

33334

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

TITLE VD
NAME SMITH, WALTER
STREET ADDRESS 2762 S UNIVERSITY DR
CITY-ST-ZIP DAVIE FL

TITLE STD
NAME GARBARINO, GEORGE
STREET ADDRESS 27 W SUNRISE BLVD
CITY-ST-ZIP FT LAUD FL

TITLE PD
NAME HART, ENOS
STREET ADDRESS 550 NW 5 ST APT 1104
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/99 (954) 492-5030

Date

Daytime Phone #

CR2E037 (11/98)