

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720127

1. Entity Name

BROTHERHOOD OF MARBLE POLISHERS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90214 048 ****61.25

Principal Place of Business

75 N.E. 44TH STREET #48
FORT LAUDERDALE FL 33334
US

Mailing Address

75 N.E. 44TH STREET #48
FORT LAUDERDALE FL 33334-1400
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARBARINO, GEORGE
75 N.E. 44TH STREET
SUITE 48
FORT LAUDERDALE FL 33334

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE CHESTNUT, HERMAN
NAME 1320 - W. 24 ST.
STREET ADDRESS RIVIERA - BEACH, FL.
CITY-ST-ZIP 33404 V.D. ☒ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 617, 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 of George Garbarino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/2000

(954) 492-5030
Daytime Phone #

CR2E037 (9/99)