

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006603

1. Entity Name

INTERNATIONAL MARBLE & GRANITE OF COLORADO, INC.

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90808 015 ***150.00

U1/024 AB

Principal Place of Business

1706 WEST ATLANTIC BLVD.
POMPANO BEACH FL 33069

Mailing Address

852 S. JASON. #8
DENVER CO 80223



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

84-1200765

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VIANA, ROY

1706 WEST ATLANTIC BLVD.
POMPANO BEACH FL 33069

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CP
HITCHCOCK, MICHAEL JR.
32560 EL DIENTE CT.
EVERGREEN CO 80439

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VCST
HITCHCOCK, MICHAEL SR.
29988 SUNSET TRAIL
PINE CO 80470

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CFO
MIGDALSKI, KENNETH
9845 REED ST.
WESTMINSTER CO 80621

☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (9/01)