2003

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 25 AM 8:00

DOCUMENT # H 20881

1. Entity Name

MCC- Marble Ceramic Center, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business: MCC- MARBLE Ceramic Cer. | 3. Mailing Address: 3290 N.W. 79 Avenue

Suite, Apt. #, etc. | Suite, Apt. #, etc. | DO NOT WRITE IN THIS SPACE

City & State: Miami | City & State: FLORIDA | 4. FEI Number: 59- 2468186 | Applied For / Not Applicable

Zip: 33122 | Country: USA. | Zip | Country | 5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: Mario Serra

Street Address (P.O. Box Number is Not Acceptable): 3290 N.W. 79th Avenue

3290 N.W. 79th Avenue

City: Miami | FL | Zip Code: 33122

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. I am familiar with, and accept the obligations of [illegible]

SIGNATURE: (required field) (NOTE: Registered Agent signature required when reinstating) DATE: 9/24/2003.

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PRESIDENT |
| NAME | Juan Carlos Monzon |
| STREET ADDRESS | 3290 N.W. 79 AVENUE |
| CITY-ST-ZIP | Miami, FL. 33122 |
| TITLE | Vice-President |
| NAME | LizBeth Monzon |
| STREET ADDRESS | 3290 N.W. 79 AVENUE |
| CITY-ST-ZIP | Miami - FL. 33122 |
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with another title empowered.

SIGNATURE: [signature] 9/24/2003. 305-593-0609.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #