2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

K15758

1. Entity Name

L. T. MARBLE, INC.

SIGNATURE



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90617 002 ***150.00

				W. T.						
Principal Place of Business 2030 NW 7TH AVE MIAMI FL 33127		Mailing Address 2030 NW 7TH AVE MIAMI FL 33127	2030 NW 7TH AVE				Di kom dada da		HAN 444 144	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State	9	City & State	City & State			4. FEI Number 65-0034831			oplied For ot Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Na	me and Address of New R	egistered Ag	gent		
TRUJILLO, LEANDRO R. 2030 NW 7TH AVE MIAMI FL 33127				Name Street Address (P.O. Box Number is Not Acceptable)						
	· .		City				FL	Zip Cod	e	
the obligat	named entity submits this statemoins of registered agent.	ent for the purpose of chang	ging its registere	d office or regist	ered ager	it, or both, in the State of Flo	rida. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered	Agent signature requir	red when reins	stating)	DATE			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550 Payable to Florida Departme	0.00				Election Campaign Fin Trust Fund Contribution	n. 🗀	Added	May Be	
10.		AND DIRECTORS	11.		· ADD	ITIONS/CHANGES TO OFFI	CERS AND I	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS = CITY-ST-ZIP	PST TRUJILLO, LEANDRO R. 2030 NW 7TH AVE MIAMI FL	☐ Delete	NAME STREE					Change	☐ Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUJILLO, LEANDRO R. NA 2030 NW 7TH AVE		NAME STREE					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREE		धार च	*	3°22 m 10	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREE					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C Delete	NAME STREE	l				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i.	☐ Delete	NAME STREE	T ADDRESS ST-ZIP				Change	☐ Addition	
12. I hereby of indicated of the corchanged,	certify that the information supplied on this report or supplemental rep poration or the receiver or trustee or on an attachment with an addr	d with this illing does not quoort is true and accurate and empowered to execute this ess, with all other like error	alify for the exer d that my signati report as require wered.	nption stated in Sure shall have the ed by Chapter 6	Section 11 e same le 07, Florida	9.07(3)(i), Florida Statutes. I gal effect as if made under c Statules; and that my name	further certife eath; that I and appears in	y that the in an officer Block 10 or	nformation or director r Block 11 if	