

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90488 041 \*\*\*150.00

**DOCUMENT # K39447**

1. Entity Name  
**CLASSIC CULTURED MARBLE, INC.**



Principal Place of Business  
**8300 CURRENCY DR.  
RIVIERA BEACH FL 33404  
US**

Mailing Address  
**8300 CURRENCY DR.  
RIVIERA BEACH FL 33404  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0099122**

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

**PATEL SAILESH  
8300 CURRENCY DR.  
RIVIERA BEACH FL 33404**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Sailesh Patel* *[Signature]* **3-10-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>PATEL, SAILESH</b>	
STREET ADDRESS	<b>8584 155 PL N</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>PATEL, MAHESH</b>	
STREET ADDRESS	<b>8670 155 PL N</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SAILESH, PATEL</b>	
STREET ADDRESS	<b>8584 155 PL N</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>PATEL, RAMANBHAI</b>	
STREET ADDRESS	<b>8670 155 PL N</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sailesh Patel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-10-03**

**561-848-4635**

Date

Daytime Phone #

CR2E034 (10/02)