

# 2001 UNIFORM BUSINESS REPORT (UBR)

0032018 SP

**DOCUMENT # L00000006653**

1. Entity Name  
**CORNER STONE GRANITE & MARBLE, L.L.C.**

FILED

01 APR 23 PM 5:20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address

**5161 HWY 98 WEST**      **5161 HWY 98 WEST**  
**SANTA ROSA BEACH FL 32459**      **SANTA ROSA BEACH FL 32459**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3653263**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MURGUETIO, LUIS HERNANDO FRANCO**  
**FRANCO MURGUETIO & ASOCIADOS**  
**600 BRICKELL AVE SUITE 301-D**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>SALINAS, JAVIER PATINO</b> <input type="checkbox"/> Delete <b>5161 HWY 98 WEST</b> <b>SANTA ROSA BEACH FL 32459</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>DE PATINO, OMAIRA RUIZ</b> <input type="checkbox"/> Delete <b>5161 HWY 98 WEST</b> <b>SANTA ROSA BEACH FL 32459</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>U., JAIME HERNANDEZ</b> <input type="checkbox"/> Delete <b>5161 HWY 98 WEST</b> <b>SANTA ROSA BEACH FL 32459</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>HERRERA, MARTA</b> <input type="checkbox"/> Delete <b>5161 HWY 98 WEST</b> <b>SANTA ROSA BEACH FL 32459</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>30000413307</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>-05/03/01--01068--029</b> <b>*****50.00      *****50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **FILED**

**4-19-01**      **850-267-9938**

CR2E083 (1/1/00)