

# 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

Principal Place of Business  
5161 HWY 98 WEST  
SANTA ROSA BEACH FL 32459

Mailing Address  
5161 HWY 98 WEST  
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

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM SALINAS, JAVIER PATINO ☐ Delete  
STREET ADDRESS 5161 HWY 98 WEST  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE NAME 300004133673 ☐ Change ☐ Addition  
STREET ADDRESS -05/03/01--01068--029  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGRM DE PATINO, OMAIRA RUIZ ☐ Delete  
STREET ADDRESS 5161 HWY 98 WEST  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGRM U., JAIME HERNANDEZ ☐ Delete  
STREET ADDRESS 5161 HWY 98 WEST  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGRM HERRERA, MARTA ☐ Delete  
STREET ADDRESS 5161 HWY 98 WEST  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-19-01 850-267-9938

CR2E083 (11/00)