


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

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90034 036 \*\*\*150.00

DOCUMENT # <i>L04000000664</i>	
1. Entity Name <i>T &amp; P Marble and Granite LLC</i>	

**DO NOT WRITE IN THIS SPACE**

**24040165**

2. Principal Place of Business <i>2098 SW Brisbane St</i>		3. Mailing Address <i>2098 SW Brisbane St</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Port St Lucie FL</i>		City & State <i>Port St Lucie FL</i>	
Zip <i>34984</i>	Country <i>St Lucie</i>	Zip <i>34984</i>	Country <i>St Lucie</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>43-204-0308</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>Luis Antonio Jimenez</i>	
Street Address (P.O. Box Number is Not Acceptable)	
<i>2098 SW Brisbane St</i>	
City <i>Port St Lucie</i>	FL Zip Code <i>34984</i>

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	<i>President Luis Antonio Jimenez 2098 SW Brisbane St Port St Lucie FL 34984</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: *Luis Antonio Jimenez* *04-07-04* *(772)344-3307*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)