

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L26056

1. Entity Name

BRILLIANT MARBLE POLISHING, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90095 041 ***150.00

Principal Place of Business

2000 S DIXIE HWY
 STE 100
 COCONUT GROVE FL 33133
 US

Mailing Address

2000 S DIXIE HWY
 STE 100
 COCONUT GROVE FL 33133-2455
 US

2. Principal Place of Business

2000 S. DIXIE HWY

3. Mailing Address

2000 S. DIXIE HWY

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

MIAMI FLA

City & State

MIAMI FLA

Zip

33133

Country

USA

Zip

33133

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0218973

Applied For

Not Applicable

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

CONSTANTINO, SARROS
 2000 S DIXIE HWY #100
 COCONUT GROVE FL 33133

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SARROS, CONSTANTINO	
STREET ADDRESS	2000 S DIXIE HWY #100	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SARROS, CONSTANANTINO	
STREET ADDRESS	2000 S DIXIE HWY #100	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PABLO PEREZ	
STREET ADDRESS	2000 S DIXIE HWY #100	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARROS, CONSTANTINO	
STREET ADDRESS	2000 S. DIXIE HWY #100	
CITY-ST-ZIP	COCONUT GROVE FLA 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Constantino Sarros
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CONSTANTINO SARROS

4-20-00

Date

305-632-3600

Daytime Phone #

CR2E034 (9/99)