

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90225 007 ***150.00

DOCUMENT # P00000012797

1. Entity Name
N.K.J GRANITE & MARBLE, INC.

Principal Place of Business

1085 E 28TH STREET
HIALEAH FL 33013

Mailing Address

2509 LINCOLN STREET
202
HOLLYWOOD FL 33020

2. Principal Place of Business

1052 E 27th STREET

Suite, Apt. #, etc.

3. Mailing Address

1052 E 27th STREET

Suite, Apt. #, etc.

City & State
HIALEAH, FLORIDA

Zip
33013

Country
DADE

City & State
HIALEAH, FLORIDA

Zip
33013

Country
DADE

4. FEI Number **65-0981088**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OQUENDO, ELIEZER
2509 LINCOLN STREET
202
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name
OQUENDO, ELIEZER

Street Address (P.O. Box Number is Not Acceptable)

13301 SW 52 COURT

City **MIRAMAR** **FL** **Zip Code** **33027**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **OQUENDO, ELIEZER**
STREET ADDRESS **2509 LINCOLN STREET # 202**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **OQUENDO, ELIEZER**
STREET ADDRESS **13301 SW 52 COURT**
CITY-ST-ZIP **MIRAMAR, FL 33027**

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

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TITLE ☐ Change ☐ Addition
NAME
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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 another like empowered.

SIGNATURE:  **ELIEZER OQUENDO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 17/02 (305)835-7875

Date Daytime Phone #

CR2E034 (9/01)