## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## P00000014653 DOCUMENT #

1. Entity Name



## **FILED** Apr 11, 2003 8:00 am Secretary of State

RIO MARBLE & TILE INSTALLATION, INC.												
Principal Place of Business 725 LINDELL BOULEVARD DELRAY BEACH FL 33444			725	Mailing Address 725 LINDELL BOULEVARD DELRAY BEACH FL 33444								
2. Principal Pl	lace of Busin	ess	<b>3.</b> Ma	iling Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.								
			Sur				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number	65-1002/00 File-		pplied For ot Applicable	7		
Zip	Zip Country		Zip	Zip Coun			5. Certificate of	\$9.75 Addition - 1		Iditional	1	
	6. Name	and Address of Curre	nt Register	ed Agent	<u> </u>		7 Name and A	ddress of New F	Registered .	··· · · · · · · · · · · · · · · · · ·		┥
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DOS SANT	TOS, DAVID			·								_ ~
	LL BOULE					Street Address (F	P.O. Box Number i	s Not Acceptable	e)			
	BEACH FL 3					<del></del>						-
DELINAT D	EACH FE S	<del></del>										1
					, c	City			FL	Zip Cod	de	
8. The above the obligation	named entity ions of regist	submits this statemen ered agent.	t for the purp	oose of changing its	s registered o	office or registere	ed agent, or both,	in the State of Fig	orida. I am I	amiliar with	and accept	1
CIONATURE										•		
SIGNATURE _	Signature, typed	or printed name of registered ag	ent and title if app	plicable. (NOT	TE: Registered Age	ent signature required	when reinstating)		DATE	•		
			ent and title if app	plicable. (NOT	TE: Registered Age	ent signature required	1			· 	<del></del> -	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

Daytime Phone #