FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 06, 2001 8:00 am Secretary of State DOCUMENT # **P00000021935** TOUCHSTONE MARBLE & GRANITE CORP. 04-06-2001 90025 014 ***150.00 Principal Place of Business Mailing Address 2740 SW 12ND ST. 2740 SW 12ND ST. 100001 MIAMI FL 33135 MIAMI FL 33135 Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For FEJ Number Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent and Address of Current Registered Name SANCHEZ, SANDY Street Address (P.O. Box Number is Not Acceptable) 2740 SW 12ND ST. **MIAMI FL 33135** City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Defete Change ☐ Addition D SANCHEZ, SANDY NAME NAME STREET ADDRESS STREET ADDRESS 2740 SW 12ND ST. CITY-ST-ZIP CITY-ST-ZIP MIAMLFL 33135 TITLE ☐ Delete TITLE Change Addition NAME NAME LICEA, SILVANA STREET ADDRESS STREET ADDRESS 2740 SW 12ND ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33135 TITLE ☐ Delete TITLE [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-Z 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 of 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.