

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90058 011 ***150.00

DOCUMENT # **P00060029252**

1. Entity Name

USA MARBLE RESTORATION SERVICES, INC

DO NOT WRITE IN THIS SPACE

661710

2. Principal Place of Business

651 SE 13th ST B4 #203

3. Mailing Address

SAME

Suite, Apt. #, etc.

#203

Suite, Apt. #, etc.

City & State

DANIA FL

City & State

Zip

33004

Country

Zip

Country

4. FEI Number

65-1042043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MIGUEL A. HUERTAS

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

651 SE 13th ST #203

City

DANIA

FL

Zip Code

33004

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 agent is changed)

DATE

4-29-02

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD.
MIGUEL A HUERTAS
651 SE 13th ST #203
DANIA FL 33004**

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 **954-922-7670**

Date

Daytime Phone #

CR2E034B (12/01)