

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000029977**

1. Entity Name

**CUSTOM MARBLE WORK CONTRACTORS CORPORATION**

Principal Place of Business

19340 S.W. 128TH COURT  
MIAMI FL 33177

Mailing Address

19340 S.W. 128TH COURT  
MIAMI FL 33177

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

P.O. Box 2662

MIAMI, FLORIDA

33197

U.S.

4. FEI Number

05-0997942

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CASANOVA, DANIEL  
19340 S.W. 128TH COURT  
MIAMI FL 33177

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CASANOVA, DANIEL	
STREET ADDRESS	19340 S.W. 128TH COURT	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	V	<input type="checkbox"/> Delete
NAME	BELTRAN, YOEL	
STREET ADDRESS	19340 S.W. 128TH COURT	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	V	<input type="checkbox"/> Delete
NAME	HURTADO, RAFAEL	
STREET ADDRESS	19340 S.W. 128TH COURT	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	V	<input type="checkbox"/> Delete
NAME	CASANOVA, LAZARA	
STREET ADDRESS	19340 S.W. 128TH COURT	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	V	<input type="checkbox"/> Delete
NAME	CASANOVA, ARMANDO	
STREET ADDRESS	19340 S.W. 128TH COURT	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	V	<input type="checkbox"/> Delete
NAME	DIVAN CASANOVA	
STREET ADDRESS	1541 E 6th	
CITY-ST-ZIP	MIAMI, FL 33010	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90205 019 \*\*\*150.00

76183



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)