

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV 21 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000029977

1. Entity Name  
CUSTOM MARBLE WORK CONTRACTORS CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
10570 SW 56th Terr

3. Mailing Address  
10570 SW 56th Terr

REINSTATEMENT

03

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami FL

City & State  
Miami FL

4. FEI Number  
65-0997942

Applied For  
Not Applicable

Zip  
33173

Country  
USA

Zip  
33173

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
Cassanova, Daniel

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

10570 SW 56th Terrace

City  
Miami

FL

Zip Code  
33173

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

900024896329  
11/21/03--01004--001 \*\*150.00

Signature of a disabled person is acceptable if accompanied by a notary public.

(NOTE: Registered Agent Signature required when reinstating)

DATE

January 1 - May 1 Fee is \$100.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD	CASANOVA, DANIEL
NAME	10570 SW 56th Terrace
STREET ADDRESS	Miami FL 33173
CITY- ST- ZIP	
TITLE V	CASANOVA, ARMANDO
NAME	10570 SW 56th Terrace
STREET ADDRESS	Miami FL 33173
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DO NOT WRITE  
IN THIS SPACE

*[Signature]*

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

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

October 10, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: CUSTOM MARBLE WORK  
CONTRACTORS CORPORATION

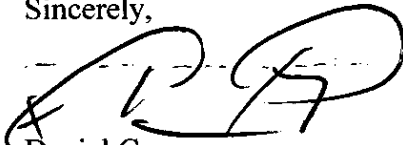
Doc. # P00000029977

To Whom It May Concern:

This letter is in regards to the corporation annual report for the 2003 filing year. According to your records, you never received an annual report for our corporation. We are sending a filled out blank annual report to your Department because we never received the original report. Please accept our apologies and accept this \$150.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize for any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,



Daniel Casanova  
President