

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000033769**

1. Entity Name

**ARIANNE STONE & MARBLE, CORP.****FILED**  
**Jun 20, 2002 8:00 am**  
**Secretary of State**

06-20-2002 90056 006 \*\*\*150.00

870146



DO NOT WRITE IN THIS SPACE

Principal Place of Business 12683 N.W. 9TH WAY MIAMI FL 33182		Mailing Address 12683 N.W. 9TH WAY MIAMI FL 33182	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0897091</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUZZACCHI, JORGE E. 12683 N.W. 9TH WAY MIAMI FL 33182		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUZZACCHI, JORGE E 12683 N.W. 9TH WAY MIAMI FL 33182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>SIGNATURE REQUIRED</b>		04-25-02 305 960 9618	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/01)



Attachment

870146

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 21, 2002

ARIANNE STONE & MARBLE, CORP.  
12683 N.W. 9TH WAY  
MIAMI, FL 33182

Subject: ARIANNE STONE & MARBLE, CORP.

Reference Number: P00000033769

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jn  
ANNUAL REPORTS SECTION

Attachment <sup>870146</sup>  
#P000000033769

**ARIANNE STONE & MARBLE CORP.**

SPECIALISTS IN TRAVERTINE & MARBLE FLOORS AND MOULDINGS  
Showroom 2365 Coral Way, Miami, FL 33145  
Phone (305) 860-96-18 Fax (305) 860-93-72  
E-mail ariannes52@aol.com

JUNE 14, 2002

FLORIDA DEPARTMENT OF STATE  
DIVISIONS OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 33314

REFERENCE NUMBER: P 00000033769

DEAR SRS:

I AM SORRY I SENT YOU THE CHECK OF \$150.00 FOR THE ANNUAL UNIFORM BUSINESS  
REPORT LAST APRIL, WITHOUT MY SIGNATURE.

PLEASE ACCEPT MY APOLOGY.

THANK YOU,

*Estrella Buzzacchi*

ESTRELLA BUZZACCHI  
ACCOUNTS PAYABLE

ENCLOSED CHECK & REPORT COPY.