

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000040871

1. Entity Name
WELLINGTON GRANTIE & MARBLE, INC.



FILL
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR -6 AM 10:48

Principal Place of Business
2091 INDIAN ROAD
W. PALM BEACH FL 33409

Mailing Address
2091 INDIAN ROAD
W. PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number 65-0305279

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TROPEANO, FRANK
2091 INDIAN ROAD
W. PALM BEACH FL 33409

Name

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

400030066794

03/09/04--01037--007 **150.00

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

SIGNATURE

Frank Tropeano

FRANK Tropeano President-owner 1-19-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TROPEANO, FRANK
STREET ADDRESS 12055 REGAL COURT
CITY-ST-ZIP W. PALM BEACH FL 33414 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME TROPEANO, DEAN
STREET ADDRESS 2091 INDIAN RD.
CITY-ST-ZIP W. PALM BEACH FL 33409 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME SANCHEZ, PEDRO
STREET ADDRESS 12172 REGAL CT.
CITY-ST-ZIP W. PALM BEACH FL 33414 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME TROPEANO, MICHELLE
STREET ADDRESS 12055 REGAL CT.
CITY-ST-ZIP W. PALM BEACH FL 33414 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME TROPEANO, RAFFAELE
STREET ADDRESS 344 WINTERS ST.
CITY-ST-ZIP W. PALM BEACH FL 33405 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frank Tropeano Frank Tropeano - President/owner 1/19/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-626-5800

0382972 AV

CR2E034 (10/02)