

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90074 047 ***150.00

DOCUMENT # P000000 48960

1. Entity Name
H.G.D. MARBLE & TILES INC ✓

Principal Place of Business Mailing Address
3831 STATE RD. 84 3831 STATE RD 84
UNIT 107 UNIT 107
DAVIE FL-33312 DAVIE FL-33312

A0022851

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Zip Country

4. FEI Number
65-1011722 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
RENEAN LEDUC
1011 N FEDERAL HWAY #202
HALLANDALE FL-33009

7. Name and Address of New Registered Agent
 Name GUY DESROCHERS
 Street Address (P.O. Box Number is Not Acceptable)
3831 STATE RD 84
UNIT 107
 City DAVIE FL Zip Code 33312

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 Guy Desrochers GUY DESROCHERS DATE 02/01/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<u>P</u>	<input type="checkbox"/> Delete
NAME	<u>GUY DESROCHERS</u>	
STREET ADDRESS	<u>3831 STATE RD 84 #107</u>	
CITY-ST-ZIP	<u>DAVIE FL-33312</u>	
TITLE	<u>S.</u>	<input type="checkbox"/> Delete
NAME	<u>HELEN GILBERT</u>	
STREET ADDRESS	<u>3831 STATE RD 84 #107</u>	
CITY-ST-ZIP	<u>DAVIE FL-33312</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

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: Guy Desrochers Date 02/01/01 Daytime Phone # 954-792-5589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR