

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P000000 48960**

1. Entity Name

**H.G.D. MARBLE & TILES INC**

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

02-15-2001 90074 047 \*\*\*150.00

Principal Place of Business

Mailing Address

**3831 STATE RD. 84**  
**UNIT 107**  
**DAVIE FL-33312**

**3831 STATE RD 84**  
**UNIT 107**  
**DAVIE FL-33312**

**A0022854**

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

**65-1011722**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RESEAN LEDUC**  
**1011 N FEDERAL HWAY #202**  
**HALLANDALE FL-33009**

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**

**02/01/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **GUY DESROCHERS**  
STREET ADDRESS **3831 STATE RD 84 #107**  
CITY-ST-ZIP **DAVIE FL-33312**

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

TITLE **S.** ☐ Delete  
NAME **HELEN GILBERT**  
STREET ADDRESS **3831 STATE RD 84 #107**  
CITY-ST-ZIP **DAVIE FL-33312**

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

TITLE ☐ Delete  
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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP ☐ Delete

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

*Guy Desrochers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/01/01**

Date

**954-792-5589**

Daytime Phone #

CR2E034 (11/00)