

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90082 010 ***150.00

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DOCUMENT # P00000051239

1. Entity Name
GF MARBLE POLISH, INC.



Principal Place of Business
7125 CARLYLE AVENUE. #6
MIAMI BEACH FL 33141

Mailing Address
7125 CARLYLE AVENUE. #6
MIAMI BEACH FL 33141



2. Principal Place of Business

3. Mailing Address

7125 CARLYLE AV #3

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI BEACH FL #3

City & State

City & State

MIAMI BEACH FL

Zip

Country

Zip

Country

33141

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1013122**

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

JCK SERVICES, INC.
350 LINCOLN RD., SUITE 412
MIAMI BEACH FL 33139

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FRANCA, GILBERTO JOSE
7125 CARLYLE AVENUE, #6
MIAMI BEACH FL 33141

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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S
FRANCA, GILBERTO
7125 CIRCLE AVE #6
MIAMI BEACH FL 33141

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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: *Gilberto Jose Franca Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/03

CR2E034 (4/03)