2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P00000061168 **DOCUMENT#** 1. Entity Name CONDE MARBLE & TILE CORP.



FILED Apr 03, 2003 8:00 am Secretary of State 04-03-2003 90161 032 ***150.00

| Principal Place of Business 1320 SW 46TH STREET MAMI FL 33176 2. Principal Place of Business Suite. Apt. 4, etc. | | | | | ļ | C WE TO | | | | | | |
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| Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Status Desired Status | 13200 SW 46T | th street | 13200 SW 4 | 13200 SW 46TH STREET | | | | | | | | |
| City & State City & State City & State City & State Country Country Country S. Contilicate of Status Desired \$8.75 Additional Fee Regulared \$8.75 Addition | Principal Place of Business 3. Mailing Address | | | | | | - | | | | | |
| Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required \$8. | Suite, Apt. | #, etc. | Suite, Apt | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| Same Country Zip Country S. Certificate of Status Desired Sa.75 Additional Fee Required | City & Stat | te | City & Sta | City & State | | | hh-1111959() | | | | | |
| CONDE, ROBERTO 13200 SW 46TH STREET MIAMI FL 33176 8. The above named entity submits this statement for the purpose of changing its registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE NAME CONDE, ROBERTO STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE NAME STREET ADDRESS CITY-ST-ZIP | Zip | Country Zip Co | | | Count | ry | 5. Certificate of Status Desired S8.75 Additional | | | | ditional | |
| CONDE, ROBERTO 13200 SW 46TH STREET MIAMI FL 33176 Entry 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 FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Deale TITLE NAME STREET ADDRESS CITY-ST-ZIP Deale TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Deale TITLE NAME STREET ADDRESS CITY-ST-ZIP Deale TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Deale TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | 6. Name and Address of Current Registered Agent | | | | | | 7. Nam | e and Address of New Re | | | | |
| Street Address (PO Box Number is Not Acceptable) | | | | | | Name | | | 3.0.0 | | | |
| 13200 SW 46TH STREET MIAMI FL 33176 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its 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 agent and 1991 applicable. (NOTE: Registered Agent algranture required when reinstating) Part FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE CONDE, ROBERTO 13200 SW 46TH STREET MIAMI FL 33176 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP | CONDE, ROBERTO | | | | | Charles Address (D.O. Day North and Address Address | | | | | | |
| MIAMI FL 33176 City FL Zip Code | 13200 SW | 46TH STREET | | Street Address | | | (P.O. Box Number is Not Acceptable) | | | | | |
| Either Now!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State City | | | | | ì | | ~ | | | | | |
| 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 | · · · · · · · · · · · · · · · · · · · | | | | | City | | | FL | Zip Cod | e | |
| 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 | 8. The above | e named entity submits this statem | ent for the purpose o | f changing its | registere | d office or register | ed agent. | or both, in the State of Flori | da. I am fa | miliar with. | and accept | |
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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 | | Legality that the information supplie | d with this filing does | not qualify for | | <u></u> | ction 119 | 07(3)(i) Florida Statutes Lf | urther certif | v that the in | oformation | |
| 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. | indicated of the cor | on this report or supplemental re- poration or the receiver or trustee | port is true and accur. emoowered to execu | ate and that m te this report : | ny signatu as require | ire shall have the s | same lega | Leffect as if made under oa | th: that I an | an officer | or director 1 | |

SIGNATURE:

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