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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 17, 2003 8:00 am Secretary of State

01-31-2003 90384 004 ***150 00

| NAME STREET ADDRESS STREET ADDRESS | 1. Entity Na | JMENT # P0000 JM MARBLE COMPANY, INC | 0063555 | | 01-31-2003 90384 004 ***150.00 |
|---|---|--|------------------------|---------------------------------------|---|
| Sute, Apt. #, etc. City & State City & State City & State City & State 4. FEI Number 65-1024706 Applied For Not Applied For Not Applied For Not Applied For Regulator Applied For Regulator Regu | 1591 N. POV STE. E PONTPANO | WEBLINE #0AD 2301 NW 30th SEACH FL 33069 POMPOLING BEAC #2 3306 | 1591 N. POWERLINE, ROA | Same | 1 (874) 86) (a) Shall Ball Ball Sall Ball Ball Ball Ball B |
| City & State Country S. Certificate of Status Desired S. 8.75 Additional Fine Registered Agent 7. Name and Address of New Registered Agent LEY, ZAKI 1591 N. POWERLINE ROAD 9.301 N. 30th PLACE Street Address (P.O. Box Number is Not Acceptable) The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonds. I am familiar with, and accept the Objections of registered agent, or both, in the State of Fonds. I am familiar with, and accept the Objection of Address (P.O. Box Number is Not Acceptable) The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonds. I am familiar with, and accept the Objection of Address (P.O. Box Number is Not Acceptable) The State of Fonds. Signature of State Objection of Address (P.O. Box Number is Not Acceptable) Signature of State Objection of Address (P.O. Box Number is Not Acceptable) The State Note of Ponds. I am familiar with, and accept the Address (P.O. Box Number is Not Acceptable) Signature of P.O. Box Number is Not Acceptable. Signature of P.O. | 2. Principal | Place of Business | 3. Mailing Address | | E I DATINERO ALL DATIN DENIN CONTA CONTA CONTA CONTA SCIEDO VIEGO SITUAL CLÍSA SUAL VADIL |
| Zip Country Zip Country | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES |
| S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Requir | City & Sta | ate | City & State | | 65-1024/06 |
| STRET ADDRESS OTH STATE Delate STRET ADDRESS OTH STATE STRET ADDRESS OTH STATE Delate STRET ADDRESS | Zíp | Country | Zip | Country | 5. Certificate of Status Desired \$8.75 Additional |
| LEV_ZAN 1591 N. POWERLINE ROAD 9301 ALD 30th PLACE Street Address (PO. Box Number is Not Acceptable) STE. E POMPANO BEACH FL 33069 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 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 DIRECTORSC 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME SIRET ADDRESS CITY-ST-ZP TITLE Delete T | | 6. Name and Address of Current F | Registered Agent | | |
| 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 negistered agent. SIGNATURE Synature Injury Synature | 1591 N. (STE. E | O BEACH EL 33069 | NW 30th PL | ACE Street Address | (P.O. Box Number is Not Acceptable) |
| SIGNATURE Squature typed or ported norms of registered agent and still a spokcable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. | . 01111 761 | | 3306 | S City | FL Zip Code |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | F Afte Make Check | Squalure, typed or printed nems of registered agent an FILE NOW!!! FEE IS \$150,00 or May 1, 2003 Fee will be \$550,00 k Payable to Florida Department of S | State | \ | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 0. 1 | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | LEV, ZAKI 20191 E-COUNTRY CHOB OR | Delete | NAME STREET ADDRESS | Change Addition Change Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature chall have the section 119.07(3)(1), Florida Statutes. I further certify that the information | NAME STREET ADOHESS CITY+ST-ZIP | | • | NAME STREET ADORESS CITY-ST-ZIP | |