

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90048 032 \*\*\*155.00

**DOCUMENT #** P00000069130

**1. Entity Name**  
COUNTRY ANTIQUE MARBLE, INC.



**Principal Place of Business**  
1790 POWERLINE RD CIRCLE  
#2  
POMPANO BEACH FL 33069

**Mailing Address**  
1790 POWERLINE RD CIRCLE  
#2  
POMPANO BEACH FL 33069



**2. Principal Place of Business**

1790 Powerline Rd 1

**3. Mailing Address**

Sqnl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Pompano beach, FL

**City & State**

**4. FEI Number** 65-1025299

Applied For  
Not Applicable

**Zip**  
33069

**Country**  
Broward

**Zip**

**Country**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

FRANCE, JOHN  
8096 NW 96 TERRACE  
#302  
TAMARAC FL 33321

**7. Name and Address of New Registered Agent**

**Name** Franco, John

**Street Address (P.O. Box Number is Not Acceptable)**

1790 Powerline Rd #2

**City** Pompano beach

**FL**

**Zip Code** 33069

**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** *John Franco V.P.*

01-06-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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** P ☐ Delete  
**NAME** BONENTE, FAUSTO  
**STREET ADDRESS** 5151 COLLINS AVENUE #732  
**CITY-ST-ZIP** MIAMI BEACH FL 33140

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

**TITLE** VP ☐ Delete  
**NAME** FRANCO, JOHN  
**STREET ADDRESS** 8096 NW 96 TERRACE #302  
**CITY-ST-ZIP** TAMARAC FL 33321

**TITLE** V.P. ☒ Change ☐ Addition  
**NAME** FRANCO, JOHN  
**STREET ADDRESS** 1405 Bridgewood Dr  
**CITY-ST-ZIP** Boca Raton, FL 33434

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**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 address, with all other like empowered.**

**SIGNATURE:**

*John Franco V.P.*

01-06-02

954-984-0187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)