

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

05-14-2001 90064 016 ***150.00

DOCUMENT # P00000071690

1. Entity Name

DECO MARBLE VENEZIA CORP.

Principal Place of Business

Mailing Address

1598 N.E. 183RD STREET
 NORTH MIAMI BEACH FL 33179

1598 N.E. 183RD STREET
 NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

3. Mailing Address

1201 N.E. 191 STREET
 Suite, Apt. #, etc.
401 G

1201 N.E. 191 STREET
 Suite, Apt. #, etc.
401 G

City & State

City & State

NORTH MIAMI BEACH FL

NORTH MIAMI BEACH FL

4. FEI Number

Applied For

65-1026247

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

MARIN, RAQUEL T
1598 N.E. 183RD STREET
NORTH MIAMI BEACH FL 33179

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.

SIGNATURE

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	PD	<input type="checkbox"/> Delete
NAME	MARIN, RAQUEL T	
STREET ADDRESS	1598 N.E. 183RD STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	VD	<input type="checkbox"/> Delete
NAME	QUEVEDO, AGUEDA	
STREET ADDRESS	1598 N.E. 183RD STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1201 N.E. 191 STREET Suite 401 G	
CITY-ST-ZIP	NORTH MIAMI BEACH FLORIDA 33179	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1201 N.E. 191 STREET Suite 401 G	
CITY-ST-ZIP	NORTH MIAMI BEACH FLORIDA 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAQUEL T. MARIN

04-30-01 (305) 945-6719

Date

Daytime Phone #

CR2034 (10/00)