

**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 1598 N.E. 183RD STREET NORTH MIAMI BEACH FL 33179	Mailing Address 1598 N.E. 183RD STREET NORTH MIAMI BEACH FL 33179
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1201 N.E 191 STREET</b>	3. Mailing Address <b>1201 N.E 191 STREET</b>
Suite, Apt. #, etc. <b>401 G</b>	Suite, Apt. #, etc. <b>401 G</b>

City & State <b>NORTH MIAMI BEACH FL</b>	City & State <b>NORTH MIAMI BEACH FL</b>	4. FEI Number <b>65-1026247</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33179</b>	Country <b>USA</b>	Zip <b>33179</b>	Country <b>USA</b>
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
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>MARIN, RAQUEL T</b>	
STREET ADDRESS <b>1598 N.E. 183RD STREET</b>	
CITY-ST-ZIP <b>NORTH MIAMI BEACH FL 33179</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete
NAME <b>QUEVEDO, AGUEDA</b>	
STREET ADDRESS <b>1598 N.E. 183RD STREET</b>	
CITY-ST-ZIP <b>NORTH MIAMI BEACH FL 33179</b>	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>1201 N.E 191 STREET suite 401 G</b>	
CITY-ST-ZIP <b>NORTH MIAMI BEACH FLORIDA 33179</b>	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>1201 N.E. 191 STREET suite 401 G</b>	
CITY-ST-ZIP <b>NORTH MIAMI BEACH FLORIDA 33179</b>	
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: RAQUEL T. MARIN **04-30-01 (305) 945-6719**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (10/00)