

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90075 010 ***150.00

DOCUMENT # P00000077005

1. Entity Name
MARBLE POLISHING SPECIALIST, INC.



Principal Place of Business
**9601 FOUNTAINBLEAU BLVD. #215
MIAMI FL 33172**

Mailing Address
**9601 FOUNTAINBLEAU BLVD. #215
MIAMI FL 33172**

2. Principal Place of Business

13903 SW 124 Ave Rd

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip Country
33186 USA

3. Mailing Address

13903 SW 124 Ave Rd

Suite, Apt. #, etc.

City & State
Miami FL

Zip Country
33186 USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1033542**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ESPAILLAT, ULISES
9601 FOUNTAINBLEAU BLVD. #215
MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name **ESPAILLAT, ULISES**

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

13903 SW 124th Ave Rd

City **Miami FL** Zip Code **33186**

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 **[Signature]**
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/03
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

TITLE **PD**
NAME **ESPAILLAT, ULISES** ☒ Delete
STREET ADDRESS **9601 FOUNTAINBLEAU BLVD. APT. 215**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **ESPAILLAT, ULISES**
STREET ADDRESS **13903 SW 124 Avenue Rd**
CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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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 an address, with all other like empowered.

SIGNATURE: **[Signature]** **ULISES ESPAILLAT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 (305) 401-6328

Date Daytime Phone #

CR2E034 (10/02)