

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000084908

1. Entity Name

MARBLE DEPOT INC.

Principal Place of Business

3355 GREEN ACRES RD.
ST. CLOUD FL 34772

Mailing Address

3355 GREEN ACRES RD.
ST. CLOUD FL 34772

2. Principal Place of Business

2108 HICKORY TREE RD

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST. CLOUD, FL

City & State

4. FEI Number

59-3669848

Applied For

Not Applicable

Zip

Country

Zip

Country

34772

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTANEDA, REBECCA
3355 GREEN ACRES RD.
ST. CLOUD FL 34772

7. Name and Address of New Registered Agent

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

TITLE PD
NAME CASTANEDA, REBECCA
STREET ADDRESS 2709 SAFFRON DR.
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

TITLE SD
NAME RIVERA, HECTOR S
STREET ADDRESS 3355 GREEN ACRES RD.
CITY-ST-ZIP ST. CLOUD FL 34772 ☐ Delete

TITLE TD
NAME RIVERA, HECTOR JR.
STREET ADDRESS 3355 GREEN ACRES RD.
CITY-ST-ZIP ST. CLOUD FL 34772 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

Date

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90091 028 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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