

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90096 025 \*\*\*150.00

DOCUMENT # 700000084908  
1. Entity Name MARBLE DEPOT INC. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>None at this time</u> Suite, Apt. #, etc. <u>Business Temp. closed</u> City & State		3. Mailing Address <u>3355 Green Acres Rd</u> Suite, Apt. #, etc. City & State <u>St. Cloud FL</u> Zip <u>34772</u> Country	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3669848</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>REBECCA CASTANEDA</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>2709 SAFFRON DR</u>	
City <u>Orlando FL</u>	Zip Code <u>32837</u>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>REBECCA CASTANEDA P/S</u> <u>2709 SAFFRON DR</u> <u>Orlando FL 32837</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>HECTOR RIVERA JR T</u> <u>3355 GREEN ACRES RD</u> <u>St. Cloud FL 34772</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4/25/02 407-616-5461  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)