## FOR PROFIT CORPORATION

ESIGNATURE: LOU 5. de COUVO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Name

## **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P00000093933

## Mar 31, 2002 8:00 am Secretary of State 03-31-2002 90359 021 \*\*\*150.00

The Best of Marble + Granife work, sinc?							
DO NOT WRITE IN THIS SPACE				752126			
2. Principal Place of Business 618 Anderson Cir. Ad 203		3. Mailing Address 3281 SW 15 Stroot #A		#A			
Suite, Apt. #, etc.  DECRFIELD BULL-FL		Suite, Apt. #, etc.  DEER FIELD BCK-FL			DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number Applied Fo Not Applied Fo		
33441	Country	33442	Country		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
DO NOT WRITE				7. Name and Address of Current Registered Agent Name Colcle 5. de Calvalbo			
		Street Add	Street Address (P.O. Box Number is Not Acceptable) #A				
	ACE	Deer	Eie	10 BCh - FL 33442			
City					FL Zip Code		
8. The above pamed 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 an	d title if applicable. (NOTE	E: Registered Agent signature	required v	when reinstating) DATE		
9. This corpor Tax filing re (See criteria	After May	lay 1 Fee is \$150.0 1, Fee is \$550.00 1 UBR is \$61.25 le to Department o	•	10. Election Campaign Financing \$5.00 May 8 Trust Fund Contribution.  Added to Fees			
11.	OFFICERS AND D					二.	
TITLE NAME	idea s de Carvall	<b>n</b> O	TITLE NAME				
STREET ADDRESS CITY-ST-ZIP	îder 5. de Carvall 3281 SW 1St Street Deerfield Bok-Fl	#A , - 3344Q.	STREET ADDRESS CITY-ST-ZIP				
TITLE			TITLE				
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CITY-ST-ZIP		<u>,,</u>	CITY-ST-ZIP				
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NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
13. I hereby ce indicated o of the corp	ertify that the information supplied with the on this report or supplemental report is truction or the receiver or trustee empore	nis filing does not qualify for ue and accurate and that m vered to execute this repor	<b>U</b>	d in Sec e the sa pter 607	ction 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under oath; that I am an officer or direct 7, Florida Statutes; and that my name appears in Block 11 or on an	n or	
attachment with an address, with all other like empowered.							