

DOCUMENT # PD 0000106017

1. Entity Name

EURO MARBLE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

5034 N Federal Hwy
Lighthouse Point FL 33064 Lighthouse Pt FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1072088

Approved For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Theodore F. Bergen

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

5034 N Federal Hwy

City

Pompano Beach

FL

Zip Code

33064

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 of agent in printed name of registered agent and title if applicable

If 100% Registered Agent signature required when registering

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	Bergen, Theodore	
STREET ADDRESS	2741 NE 9th St	
CITY-ST-ZIP	Pompano Beach FL 33062	
TITLE	UDTS	☒ Delete
NAME	STEPHAN, Henry	
STREET ADDRESS	2741 NE 9th St	
CITY-ST-ZIP	Pompano Beach FL 33062	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	5034 N Federal Hwy	
CITY-ST-ZIP	Lighthouse Pt FL 33064	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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)(ii), 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

Theodore Bergen

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90004 006 ***150.00

00070020

DO NOT WRITE IN THIS SPACE