

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

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90780 009 ***150.00

DOCUMENT # P00000101846
1. Entity Name
ELITE MARBLE POLISHING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11718 WOODSONG COURT
Suite, Apt. #, etc.

3. Mailing Address
11718 WOODSONG COURT
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33428

Country
USA

Zip
33428

Country
USA

4. FEI Number
65-1050990

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JOSEPH K. NOFIL, P.A.

Street Address (P.O. Box Number is Not Acceptable)
3284 NORTH STATE ROAD 7

City
LAUDERDALE LAKES

State
FL

Zip Code
33319

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] (NOTE: Registered Agent signature required when reinstating)

DATE 3/27/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 <u>P, T</u>	NAME <u>RAFAEL SHNEOR</u>	TITLE	
STREET ADDRESS <u>11718 WOODSONG COURT</u>		NAME	
CITY-ST-ZIP <u>BOCA RATON, FL 33428</u>		STREET ADDRESS	
TITLE <u>V, S</u>	NAME <u>CHAM SHORE</u>	TITLE	
STREET ADDRESS <u>9133 BOCA GARDENS CIRCLE F-C</u>		NAME	
CITY-ST-ZIP <u>BOCA RATON FL 33496</u>		STREET ADDRESS	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 employment.

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

Date: _____ Daytime Phone #: _____

CR2E034B (12/01)