2001 UNIFORM BUSINESS REPORT (UBR) Apr 20, 2001 8:00 am Secretary of State DOCUMENT # P00000104702 1. Entity Name GILMAR MARBLE AND GRANITE, CORP. 04-20-2001 90308 029 \*\*\*150.00 Principal Place of Business Mailing Address 9245 NW 49 PL 9245 NW 49 PL SUNRISE FL 33351 SUNRISE FL 33351 Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE -City & State 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUNOZ, MARYORI A Street Address (P.O. Box Number is Not Acceptable) 9245 NW 49 PL SUNRISE FL 33351 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Addition ☐ Delete Change MUNOZ, MARYORI A NAME NAME STREET ADDRESS 9245 NW 49 PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 Delete TITLE TITLE Change Addition MUNOZ, GILBERTO NAME NAME STREET ADDRESS 9245 NW 49 PL STREET ADDRESS CITY-ST-7IP SUNRISE FL 33351 CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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)(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 in the state of th changed, or on an attachment with an address, with all other like empowered.

FICER OR DIRECTOR