

2001 UNIFORM BUSINESS REPORT (UBR)

5/1/01

FILED
May 23, 2001 8:00 am
Secretary of State

05-01-2001 90026 046 ***150.00

DOCUMENT # P00000109050

1. Entity Name

CANTOR GRANITE & MARBLE, INC.

Principal Place of Business

Mailing Address

523 W 19TH STREET
 ORLANDO FL 32805

523 W 19TH STREET
 ORLANDO FL 32805

2. Principal Place of Business

523 W. 19th St

Suite, Apt. #, etc.

3. Mailing Address

523 W. 19th St

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32805

Country

ORANGE

City & State

ORLANDO FL

Zip

32805

Country

ORANGE

4. FEI Number

59-3702056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Ramon
CEVALLOS, GERSON
 4936 CASON COVE DRIVE 103
 ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name

JUAN RAMON CEVALLOS

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

4936 CASON COVE DR

City

ORLANDO

FL

Zip Code

32811

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 **JUAN RAMON CEVALLOS**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-01

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

TITLE **Owner** ☐ Delete
 NAME **GERSON E. CEVALLOS**
 STREET ADDRESS **523 W. 19th St**
 CITY-ST-ZIP **ORLANDO, FL. 32805**

TITLE **owner** ☐ Delete
 NAME **JUAN R. CEVALLOS**
 STREET ADDRESS **523 W. 19th St.**
 CITY-ST-ZIP **ORLANDO, FL. 32805**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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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)(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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **JUAN RAMON CEVALLOS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

(407) 644-0061

Daytime Phone #

CR2E034 (10/00)