

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

DOCUMENT # P01000012068

1. Entity Name

Unique Marble & Granite Center Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 17 AM 11:50

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3048C W. Tharpe St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, Fl.

City & State

4. FEI Number

59-3732895

Applied For

Not Applicable

Zip

32303

Country

Leon

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Mauricio Campos

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

4341 Snoopy Ln.

City

Tallahassee, Fl.

FL

Zip Code

32303

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

Mauricio Campos

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-17-03

DATE

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 Vice Pres.
NAME Effen Hernandez
STREET ADDRESS 2765 W. Tharpe St. #108
CITY-ST-ZIP Tallahassee, Fl. 32303

TITLE 100021760444
NAME 07/24/03--01013--009 **61.25
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer
NAME Omar F. Fernandez
STREET ADDRESS 2765 W. Tharpe St. #129
CITY-ST-ZIP Tallahassee, Fl. 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President
NAME Mauricio Campos
STREET ADDRESS 4341 Snoopy Ln
CITY-ST-ZIP Tallahassee, Fl. 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 empowered.

SIGNATURE:

Mauricio Campos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-03

Date

350

574-4408

Daytime Phone #

CR2E034B (12/01)