

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 15 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BULLSOX

DOCUMENT # P01000049715

1. Entity Name
DELTA MARBLE AND GRANITE CORPORATION

Principal Place of Business
1902 7TH CT. N. UNIT A
LAKE WORTH FL 33461

Mailing Address
1902 7TH CT. N. UNIT A
LAKE WORTH FL 33461

2. Principal Place of Business
9035 17 Place

3. Mailing Address
9035 17 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
VERO BEACH, FL

City & State
VERO BEACH, FL

4. FEI Number
65-1108943

Applied For
Not Applicable

Zip
32966

Country
USA

Zip
32966

Country
USA

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

RODRIGUEZ, MIGUEL A
1902 7TH CT. N. UNIT A
LAKE WORTH FL 33461

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

(NOTE: Registered Agent signature required when re-issuing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD RODRIGUEZ, MIGUEL A 1902 7TH CT. N. UNIT A LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASALI, CARLOS 1902 7TH CT. N. UNIT A LAKE WORTH FL 33461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PSD CASALI, CARLOS 9035 17 PL VERO BEACH FL 33966	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PSD ARIEL E. CASALI 9035 17 PL VERO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-02

Date

Daytime Phone #

CARLOS CASALI

9/11/02

CR2E034 (9/01)