

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P01000052317

1. Entity Name

MARBLE WONDERS, INC.

02 JUL 12 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

290 SOUTH WEST PANTHER TRACE
PORT ST. LUCIE FL 34953

Mailing Address

290 SOUTH WEST PANTHER TRACE
PORT ST. LUCIE FL 34953

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1343 MACEDO BLV.

3. Mailing Address

1343 MACEDO BLV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST LUCIE FL

City & State

PORT ST LUCIE FL

4. FEI Number

65-1106711

Applied For

Not Applicable

Zip

34983

Country

U.S.A.

Zip

34953

Country

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

CORPORATE CREATIONS NETWORK INC.
841 FOURTH STREET #200
MIAMI BEACH FL 33139

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 reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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	D SUAREZ, NELSON 290 SOUTH WEST PANTHER TRACE PORT ST. LUCIE FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARIAS, ESTEBAN 290 SOUTH WEST PANTHER TRACE PORT ST. LUCIE FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)