


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91771 048 ***150.00

00203949 AV

DOCUMENT # P01000053769	
1. Entity Name S G TILE & MARBLE, INC.	

Principal Place of Business 2559 N. DIXIE HIGHWAY POMPANO BEACH FL 33064	Mailing Address P.O. BOX 51739 LIGHTHOUSE POINT FL 33074
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 3731 N.E. 16 Terr. Suite, Apt. #, etc.
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City & State Pompano Bch, FL.	4. FEI Number 65-1107992
Zip 33064	Country Broward



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent GARRISI, STEFANO 2559 N. DIXIE HIGHWAY POMPANO BEACH FL 33064	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARRISI, STEFANO P.O. BOX 5584 LIGHTHOUSE POINT FL <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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **4-526-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date, Daytime Phone #

CR2E034 (10/02)