## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 19, 2002 8:00 am Secretary of State P01000056347 DOCUMENT # 1. Entity Name 05-19-2002 90056 038 \*\*\*150.00 BEL FLA GRANITE & MARBLE, INC. Mailing Address Principal Place of Business 13121 NW 11TH STREET 13121 NW 11TH STREET PEMBROKE PINES FL 33028 PEMBROKE PINES FL 33028 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FELNumber City & State City & State Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NOFIL & NOFIL, P.A. Street Address (P.O. Box Number is Not Acceptable) 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319 Zip Code City FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change PTSD ☐ Delete TITLE TITLE NAME BELTRAN, ENRIQUE NAME STREET ADDRESS STREET ADDRESS **13121 NW 11TH STREET** CITY-ST-ZIP PEMBROKE PINES FL 33028 CITY-ST-ZIP VICE-PRESIDENT ☐ Change Delete TITLE BELTEAN, GLORIA 13121 NW 11TH STREET NAME STREET ADDRESS STREET ADDRESS PEMBECKE PINES, FL 33028 CITY-ST-ZIP CJTY-ST-7IP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 the property with an early statute of the property with a property with a property with a property of the property with a property with a

NG OFFICER OR DIRECTOR SIGNATURE AND

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