

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

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90106 032 \*\*\*150.00

DOCUMENT # *P010Q0059953*

1. Entity Name

*BELLA PEDRA MARBLE & GRANITE INC*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1001 E SAMPLE RD*

3. Mailing Address

*1001 E. SAMPLE RD.*

Suite, Apt. #, etc.

*7W*

Suite, Apt. #, etc.

*7W*

DO NOT WRITE IN THIS SPACE

City & State

*POMPANO BEACH, FL.*

City & State

*POMPANO BEACH, FL*

4. FEI Number

*65-1116798*

Applied For

Not Applicable

Zip

*33064*

Country

*USA*

Zip

*33064*

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*PAULO H. SISTE.*

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

*1001 E SAMPLE RD*

*STE W 7*

City

*POMPANO BCH*

FL

Zip Code

*33064*

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]*

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

(NOTE: Registered Agent signature required when reinsuring)

*04/23/2002*

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 *D*  
NAME *PAULO H. SISTE*  
STREET ADDRESS *1001 E. SAMPLE RD STE W7*  
CITY - ST - ZIP *POMPANO BCH. FL 33064*

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**DO NOT WRITE  
IN THIS SPACE**

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:

*[Signature]* *Paulo H. Siste*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/23/2002 (954) 946-9364*

Date

Daytime Phone #