

# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 03, 2003 8:00 am**  
**Secretary of State**

07-03-2003 90035 040 \*\*\*150.00

**DOCUMENT# P01000059953**

1. Entity Name

**BELLA PEDRA MARBLE & GRANITE, INC.**

Principal Place of Business

Mailing Address

**1001 E SAMPLE RD # 7W**

**1001 E SAMPLE RD # 7W**

**POMPANO BEACH FL 33064**

**POMPANO BEACH FL 33064**

2. Principal Place of Business

**1826 TRADE CENTER WAY**

3. Mailing Address

**1826 TRADE CENTER WAY**

Suite Apt. #, etc.

Suite. Apt. #, etc.

**UNIT A**

**UNIT A**

City & State

**NAPLES, FLORIDA**

City & State

**NAPLES, FLORIDA**

Zip

**34109**

Country

**USA**

Zip

**34109**

Country

**USA**

4. FEI Number

**65-1116718**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SISTE, PAULO H**

**1001 E SAMPLE RD # 7W**

**POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name

**SISTE, PAULO H**

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

**2716 FOUNTAIN VIEW LN # 108**

City

**NAPLES**

**FL**

Zip Code

**34109**

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)

**06/27/03**

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, 2003 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

TITLE **D** ☐ Delete  
 NAME **SISTE, PAULO H**  
 STREET ADDRESS **1001 E SAMPLE RD # 7W**  
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
 NAME **SISTE, PAULO H**  
 STREET ADDRESS **2716 FOUNTAIN VIEW LN # 108**  
 CITY-ST-ZIP **NAPLES**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

**PRESIDENT**

**06/27/03**

**239 594-5165**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #