

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000108179

1. Entity Name

EMPIRE STATE MARBLE & GRANITE CORPORATION

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90002 037 ***150.00

824564

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1251 DIXIE HWY BAY #6 1251 DIXIE HWY BAY #6
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064

2. Principal Place of Business 3. Mailing Address
1241 DIXIE HWY BAY 1241 DIXIE HWY BAY

Suite Apt. #, etc. Suite. Apt. #, etc.
#5 #5

City & State City & State
POMPANO BEACH, FL POMPANO BEACH, FL

Zip Country Zip Country
33060 33060

4. FEI Number 65-1150956 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION
3929 N FEDERAL HWY
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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State

10. 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	PSD VERISSIMO, ANTONIO 9465 BURLINGTON PLACE BOCA RATON FL 33434	<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	PTD PESSOTTI, CELSO 4331 NW 1ST PLACE DEERFIELD BEACH FL 33442	<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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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	

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 02/04/02 (954) 942-3228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #