

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

**FILED**  
**Jun 30, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90436 019 \*\*\*150.00

DOCUMENT # P01000113545

1. Entity Name

Oreen Marble and Granite, Corp. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2900 NW 77th Court

Suite, Apt. #, etc.

N/A

3. Mailing Address

2900 NW 77th Court

Suite, Apt. #, etc.

N/A

City & State  
Miami Florida

Country

Zip  
33122

City & State  
Miami Florida

Country

Zip  
33122

4. FEI Number

01-0634808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Guillermo Ortiz

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

2900 NW 77 Ct

City

Miami

FL

Zip Code

33122

**DO NOT WRITE  
IN THIS SPACE**

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

*Guillermo Ortiz*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/25/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1st Fee is \$150.00

After May 1st 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President  
Ortiz, Guillermo  
2900 NW 77 Ct. Miami FL 33122

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
General Manager  
Gomez, Juan B.  
2900 NW 77 Ct.

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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)(f), 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 justice 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:

*Guillermo Ortiz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/02 (305)-592-0029

Daytime Phone #