

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91453 035 ***150.00

DOCUMENT # P02000009582

1. Entity Name
R.O.U. MARBLES & TILES INC.



Principal Place of Business
**301 NW 43 AVE
MIAMI FL 33126**

Mailing Address
**301 NW 43 AVE
MIAMI FL 33126**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **75-3018343**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CARO, JULIO C
301 NW 43 AVE
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name **CARESANI, JULIO C**
Street Address (P.O. Box Number is Not Acceptable) **301 NW 43 AVE**
City **MIAMI** FL Zip Code **33126**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | CARO, JULIO C | |
| STREET ADDRESS | 301 NW 43 AVE | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | CABRERO, MIGUEL A | |
| STREET ADDRESS | 301 NW 43 AVE | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | CASTILLO, MARCELO R | |
| STREET ADDRESS | 301 NW 43 AVE | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARESANI, JULIO C | |
| STREET ADDRESS | 301 NW 43 AVE | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAZ, MIGUEL A | |
| STREET ADDRESS | 301 NW 43 AVE | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | DT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZEBALLOS MARCELO R | |
| STREET ADDRESS | 301 NW 43 AVE | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-03

Date

Daytime Phone #

CR2E034 (10/02)