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FILED
Jun 09, 2004 8:00 am
Secretary of State
05-03-2004 91071 012 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000025098

1. Entity Name: Greta Granite & Marble Inc.

DO NOT WRITE IN THIS SPACE

66427301

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1900 NW 33rd Street	543 East Sample Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach, Florida	City & State: Pompano Beach, Florida
Zip: 33064 Country: USA	Zip: 33064 Country: USA

4. FEI Number: 30-0051274 ☐ Applied For ☐ Not Applicable

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: Alonso & Garcia P.A.
Street Address (P.O. Box Number is Not Acceptable): 300 Sevilla Ave.
Suite 201
City: Coral Gables FL Zip Code: 33134

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] 4/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	PD	TITLE	
NAME	Vionaldo Gloria	NAME	
STREET ADDRESS	543 East Sample Road	STREET ADDRESS	
CITY-ST-ZIP	Pompano Beach, Florida, 33064	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	Sarah O. Gloria	NAME	
STREET ADDRESS	543 East Sample Road	STREET ADDRESS	
CITY-ST-ZIP	Pompano Beach, Florida, 33064	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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] 04-27-04 954 956 9993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #