


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

FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90062 004 ***150.00

DOCUMENT # P021000025766

1. Entity Name
"GABRIEL" MARBLE & STONE, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1770 NE 191st ST</u> Suite, Apt. #, etc. <u>Bldg C-1 Apt 209</u> City & State <u>N. MIAMI, FL</u> Zip <u>33179</u> Country <u>USA</u>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name GABRIEL SIVAN
Street Address (P.O. Box Number is Not Applicable)
1770 NE 191st ST
Bldg C-1 Apt 209
City N. MIAMI FL Zip 33179

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

SIGNATURE [Signature] DATE 7/23/03

(NOTE: Registered Agent Signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>GABRIEL SIVAN</u> <u>1770 NE 191st ST</u> <u>N. MIAMI, FL 33179</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE [Signature] DATE 7/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034B (12/02)

Attachment

80135439
PO2000025706

July 30, 2003

Department of state
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Gabriel Marble & Stone Group Investments, Inc. - Corporation renewal

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. The taxpayer never received the renewal form. We discovered the dissolution when the taxpayer was preparing his income tax returns. The penalty will create a hardship for the business and I ask that you please waive it.

Enclosed is my renewal form with my fee of \$150.00 for the years 2003.

Thank you very much for your help and understanding.

Sincerely,

Steven Z. Levy