

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

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90170 030 ***150.00

DOCUMENT # **PD2000039000**

1. Entity Name

FINAL TOUCH MARBLE & GRANITE INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1641 W. MCNAB ROAD

Suite, Apt. #, etc.

3. Mailing Address

1641 W. MCNAB ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

POMPANO BEACH, FL 33069

City & State

POMPANO BEACH, FL 33069

4. FEI Number

46-0475282

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **AMORIM, ALVIZIO M.**

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

1641 W. MCNAB ROAD

POMPANO BEACH

FL

Zip Code

33069

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PSD**
NAME **MENDEL, FABIO J.**
STREET ADDRESS **1641 W. MCNAB ROAD**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **UTD**
NAME **AMORIM, ALVIZIO M.**
STREET ADDRESS **1641 W. MCNAB ROAD**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment Page 2 of 2
10111070

July 15, 2003.

FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation
by the following name:

FINAL TOUCH MARBLE & GRANITE, INC.
P02000039000

When I looked up this Incorporation on the Internet I noticed that I had no filed my Annual Report for the year of 2003 I then quickly called my OLD ACCOUNTANT and asked him the reason why this had happened. He then told me that since I never received the Annual Report for the year of 2003, I would have to file it for myself. So of course I quickly changed accountants and I am now trying to solve this problem.

Since this happened against my will, I would like to ask you please wave the Reinstatement Fee, as I already send to you the amount of US\$ 150.00, plus the completed Forms. I would like to ask you to please consider this, and file these as soon as possible.

If there is any other necessary information concerning this matter, please feel free to contact me. Thank you.

Sincerely,


LUIZ M. AMORIM
Vice-President