

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90751 010 \*\*\*150.00

**DOCUMENT # P02000045179**

1. Entity Name  
**EUROPEAN GRANITE & MARBLE, INC.**



Principal Place of Business  
**2068 NE 2ND ST.  
DEERFIELD BEACH FL 33441**

Mailing Address  
**2068 NE 2ND ST.  
DEERFIELD BEACH FL 33441**

**55041219**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**81-0548417**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMANTE, ROBERT  
2068 NE 2ND ST.  
DEERFIELD BEACH FL 33441**

Name

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

City

**FL**

Zip Code

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

*Cristina Amante* **CRISTINA AMANTE** Secretary

**04/03/03**

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete  
NAME **Robert Amante**  
STREET ADDRESS **10076 El Caballo Ct**  
CITY-ST-ZIP **Delray Beach, FL 33446**

TITLE **Vice-President** ☐ Delete  
NAME **Edson Dias Barros**  
STREET ADDRESS **428 SE 11th St. Apt. 404**  
CITY-ST-ZIP **Deerfield Bch, FL 33441**

TITLE **Secretary** ☐ Delete  
NAME **Cristina Amante**  
STREET ADDRESS **10076 El Caballo Ct**  
CITY-ST-ZIP **Delray Beach, FL 33446**

TITLE **Treasure** ☐ Delete  
NAME **Robert Amante**  
STREET ADDRESS **10076 El Caballo Ct**  
CITY-ST-ZIP **Delray Beach, FL 33446**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Cristina Amante* **CRISTINA AMANTE**

**04/03/03** **561415593**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)