

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

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

04-28-2003 91292 009 ***150.00

DOCUMENT #	P02000052112	YEAR-2003
1. Entity Name		
S&Y MARBLE AND GRANITE, CORP.		

DO NOT WRITE IN THIS SPACE

11023653

2. Principal Place of Business	3. Mailing Address
4395 E 10TH LN	4395 E. 10TH LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State
HIALEAH, FL	HIALEAH-FLORIDA
Zip	Zip
33013	33013
Country	Country
USA	USA

4. FEI Number	Applied For
52-2336281	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name YOSVANY VALDES	
Street Address (P.O. Box Number is Not Acceptable) 4395 E. 10TH LN	
City	Zip Code
HIALEAH	33013
FL	

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  VALDES, YOSVANY 4/25/2003
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

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11.

TITLE	PD	TITLE	
NAME	SHELTON, ORNAN	NAME	
STREET ADDRESS	4395 E. 10TH LN	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33013	CITY-ST-ZIP	
TITLE	DVP	TITLE	
NAME	YOSVANY, VALDES	NAME	
STREET ADDRESS	4395 E. 10TH LN	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33013	CITY-ST-ZIP	
TITLE	DS	TITLE	
NAME	TELLEZ-VALDES, LELLANY	NAME	
STREET ADDRESS	4395 E. 10TH LN	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33013	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
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:  ORNAN SHELTON, PRESIDENT 4/25/2003 305-681-5011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #