## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # POSOCOTO



## FILED Mar 17, 2003 8:00 am Secretary of State

1. Entity Name METEOR GRANITE & MARBLE, INC.					03-17-2003 90078 030 ***158.75			
	ace of Business 8TH TERR STE. 122 33313	Mailing Address 1103 N.W. 58TH TERR., S SUNRISE FL 33313	TE. 122		1 (BAI) BAI III BAI I AAN AAN			
2. Principal Place of Business 311 Ansin Blvd. Suite, Apt. #, etc. 3. Mailing Address 1/0.3 NW S Suite, Apt. #, etc. Aut 122				r	· 🔁 CHECK HERE	IF MAKING CHAN		
City & Sta	Plandale FL	City & State Sunrise	FL	4	1. FEI Number 54-2064783	Applied For		
3300		<sup>Zip</sup> 33313	Country USA	5	. Certificate of Status Desired		Additional	
	6. Name and Address of Current	Registered Agent	Name	7.	. Name and Address of New F	legistered Agent		
HAGEN 8	R HAGEN, P.A.				<u> </u>			
3531 GRIFFIN RD.				Street Address (P.O. Box Number is Not Acceptable)				
	ERDALE FL 33312		-	***				
•			City			<b>—</b> 5 7:	0-4-	
8. The above named entity submits this statement for the purpose of changing its registered agent.  the obligations of registered agent.					FL Zip Code			
inc obliga	e flamed entity submits this statement to itions of registered agent.	or the purpose of changing its r	registered office o	r registered a	agent, or both, in the State of Fig	orida. I am familiar v	vith, and accept	
signature	Signature, typed or printed name of registered agent	and litle if applicable (NOTE	Projectored Agent signs	No.			<del></del>	
		and the rapplicable. (19012:	Registered Agent signal	ture required when	reinstating)	DATE		
	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00				9. Election Campaign Fin	nancing <b>\$</b>	5.00 May Be	
Make Chec	k Payable to Florida Department o	f State			Trust Fund Contribution	T	dded to Fees	
10.	OFFICERS AND	DIRECTORS	11.	Α		ICERS AND DIRECT	ORS IN 11	
TITLE	PSTD	☐ Delete	TITLE	5		☐ Chan		
NAME STREET ADDRESS	BALLA, ANDREI		NAME	Zo	Han Toth ith Cortez Drive, (		, 7	
CITY-ST-ZIP	1103 N.W. 58TH TERR., STE. 123   SUNRISE FL 33313		STREET ADDRESS CITY-ST-ZIP				1	
TITLE	V	□ Delete	TITLE	TAMPA	no Beach, FL 3.			
NAME	BARTHA, BILLY	Delete	NAME	1		☐ Chan	ige 🗌 Addition	
STREET ADDRESS	6005 DEL LAGO 6 APT 205		STREET ADDRESS					
CITY-ST-ZIP	SUNRISE FL 33313		CITY-ST-ZIP				ì	
TITLE NAME	· -	☐ Delete	TITLE		-	Chang	ge 🔲 Addition	
STREET ADDRESS			NAME STREET ADDRESS	<u> </u>				
CITY-ST-ZIP			CITY-ST-ZIP					
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NAME		<u> </u>	NAME			Chang	ge 🗌 Addition	
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NAME		LI Delete	NAME			Chang	ge 🔲 Addition	
STREET ADDRESS			STREET ADDRESS	!	•			
CITY-ST-ZIP	·		CITY-ST-ZIP					
12. I hereby c	ertify that the information supplied with	this filing does not qualify for th	ne exemption state	ed in Section	119.07(3)(i), Florida Statutes.	further certify that th	e 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: