

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000078437

1. Entity Name

MARBLE & GRANITE DECOR, CORP.

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91889 017 ***150.00

Principal Place of Business Mailing Address
4329 SW 10TH PLACE #206 **4329 SW 10TH PLACE #206**
DEERFILED BEACH FL 33442 **DEERFILED BEACH FL 33442**

11040534

2. Principal Place of Business 3. Mailing Address
1901 NW 18st Bldg F North **1901 NW 18st Bldg F North**
 Suite Apt. #, etc. Suite. Apt. #, etc.
 City & State City & State
POMPANO BEACH, FL **POMPANO BEACH, FL**
 Zip Country Zip Country
33069 **USA** **33069** **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
37-1436118 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
TAX HOUSE CORPORATION
3929 N FEDERAL HWY
POMPANO BEACH FL 33064
 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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2003 Fee will be \$550.00**
Make Check Payable to Department of State
 10. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS				12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MENDONCA, FABRICIO G			NAME	MENDONCA, FABRICIO G		
STREET ADDRESS	4329 SW 10TH PLACE #206			STREET ADDRESS	3331 CONCERT LANE		
CITY-ST-ZIP	DEERFILED BEACH FL 33442			CITY-ST-ZIP	MARGATE, FL 33063		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 11 or Block 12 N changed or on an attachment with an address, with all other information.

SIGNATURE: **FABRICIO G MENDONCA - president**

04/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #