

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

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90162 024 \*\*\*150.00

DOCUMENT # **P02000093448**

1. Entity Name

**J. M. M. GRANITE & MARBLE INSTALLATION INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**6972 NW 179 TH ST.**

3. Mailing Address

**6972 NW 179 TH ST.**

Suite, Apt. #, etc.

**207**

Suite, Apt. #, etc.

**207**

City & State

**MIAMI, FL.**

City & State

**MIAMI, FL.**

Zip

**33015**

Country

Zip

**33015**

Country

4. FEI Number

**56-2289363**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**JAMES MONTES**

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

**6972 NW 179 TH ST.**

**# 207**

City

**MIAMI**

**FL**

Zip Code

**33015**

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, by the registered agent or registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

**JAMES MONTES**

**03/12/2003**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P/V/P/S/T/D  
JAMES MONTES  
6972 NW 179 TH ST. #207  
MIAMI, FL. 33015**

TITLE  
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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 information empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES MONTES  
PRESIDENT**

**03/12/2003 (305) 818-9846**

Date

Daytime Phone #

CR2E034B (12/02)