

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90410 001 ***300.00

DOCUMENT # P02000099609

1. Entity Name
MARBLECRAFT DESIGN OF ORLANDO, INC.



Principal Place of Business
133 ATLANTIC AVENUE
MAITLAND FL 32751
US

Mailing Address
133 ATLANTIC AVENUE
MAITLAND FL 32751
US

2. Principal Place of Business
MAITLAND

3. Mailing Address
133 ATLANTIC AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MAITLAND, FL

City & State

4. FEI Number

54-2072604

Applied For

Not Applicable

Zip
32751

Country
USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MELENDEZ, FRANCIS X ESQ
202 LOOKOUT PLACE
SUITE 200
MAITLAND FL 32751

7. Name and Address of New Registered Agent

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 _____
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

TITLE	P	<input type="checkbox"/> Delete
NAME	GIRALDO, JOSE O	
STREET ADDRESS	5235 PINEABBEY DR. SO.	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	V	<input type="checkbox"/> Delete
NAME	GIRALDO, JULIO C	
STREET ADDRESS	4912 GEORGIA AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 person 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.

SIGNATURE: _____
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)