

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

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90033 011 ***150.00

DOCUMENT # 1. Entity Name Sampredo Marble & Granite, Inc.	
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DO NOT WRITE IN THIS SPACE

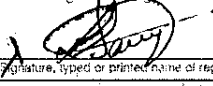
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2. Principal Place of Business 1050 NW 44 Ave Suite, Apt. #, etc. # 106 City & State Miami Zip 33126		3. Mailing Address 1050 NW 44 Ave Suite, Apt. #, etc. # 106 City & State Miami Zip 33126		4. FEI Number 20-0164621		Applied For ☐ Not Applicable
Country Miami-Dade		Country Miami-Dade		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Leonardo Sampredo	
	Street Address (P.O. Box Number is Not Acceptable) 1050 NW 44 Ave # 106	
	City Miami	FL Zip Code 33126

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  **Leonardo Sampredo / President** February 06, 2004
(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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sampredo Leonardo 1050 NW 44 Ave # 106 Miami, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  **Leonardo Sampredo / President** February 06, 2004 (305)648-1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)