

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000001027

1. Entity Name

MACEDONIA MARBLE INTERNATIONAL, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 21 PM 4:59

Principal Place of Business

2588 S.W. 27TH AVE.  
MIAMI FL 33133

Mailing Address

2588 S.W. 27TH AVE.  
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0544766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, EILEEN  
2588 S.W. 27TH AVE.  
MIAMI FL 33133

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/25/00  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so:  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME GARCIA, JUAN A  
STREET ADDRESS CALLE GALIANA #48 COLONIA SAN ROMAN  
CITY-ST-ZIP ESTADO CAMPECHE MEXICO

TITLE VD ☐ Delete  
NAME ARAGON, ALICIA M  
STREET ADDRESS CALLE GALIANA #48 COLONIA SAN ROMAN  
CITY-ST-ZIP ESTADO CAMPECHE MEXICO

TITLE TD ☐ Delete  
NAME CORDOVA, ALICIA D  
STREET ADDRESS CALLE GALIANA #48 COLONIA SAN ROMAN  
CITY-ST-ZIP ESTADO CAMPECHE MEXICO

TITLE SD ☐ Delete  
NAME TORRES, MARIO A  
STREET ADDRESS 7950 SW 36TH ST  
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**NATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/00  
Date

Daytime Phone #

CR2E034 (5/00)