FILED
Jun 18, 2002 8:00 am
Secretary of State

05-21-2002 91215 010 ***150.00

FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052333

1. Entity Name: E & E MARBLE & TILE

[redacted]

93668

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2. Principal Place of Business	3. Mailing Address
15095 71ST DR.N.	15095 71ST DR.N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BEACH GARD FL.	City & State: PALM BEACH GARDENS FL.
Zip: 33418 Country	Zip: 33418 Country

4. FEI Number: 65-0549353 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ADNAN TAHIROVIC

Street Address (P.O. Box Number is Not Acceptable): 15095 71ST DR.N.

City: P.B.G. FL Zip Code: 33418

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: Adnan Tahirovic 6-10-02

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. (See criteria on back) ☒

January 1st - May 1st Fee is $150.00
After May 1st Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	ZIJADA TAHIROVIC
STREET ADDRESS	15095 71ST DR.N.
CITY-ST-ZIP	P.B.G. FL. 33418
TITLE	V/P
NAME	ADNAN TAHIROVIC
STREET ADDRESS	15095 71ST DR. N.
CITY-ST-ZIP	P.B.G. FL. 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Zijada Tahirovic 4-29-02 561-776-0067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #