

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90101 020 ***150.00

DOCUMENT # **P96000097801**



1. Entity Name
LUIGI MAZZINI MARBLE, INC.

Principal Place of Business
**8850 NW 15TH STREET
HIALEAH FL 33012**

Mailing Address
**8850 NW 15TH STREET
HIALEAH FL 33012**



2. Principal Place of Business
8850 NW 15th St

3. Mailing Address
8850 NW 15th St

CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

Zip
33172

Country
USA

City & State
MIAMI, FL

Zip
33172

Country
USA

4. FEI Number **65-0804201**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE SUITE 125
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name
ALBERTO DI CATARINA

Street Address (P.O. Box Number is Not Acceptable)
8850 NW 15th St

City
MIAMI FL Zip Code
33172

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]* **ALBERTO DI CATARINA** **1-15-03**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DI CATARINA, ALBERTO D.	
STREET ADDRESS	8850 NW 15 STREET	
CITY-ST-ZIP	MIAMI FL 33146 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 receiver 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 with an address, with all other like empowered.

SIGNATURE *[Signature]* **ALBERTO DI CATARINA Pres.** **1-15-03** **305-513-8020**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)