

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104113

1. Entity Name  
**MARBLE & GRANITE CASTLE, INC.**

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90049 029 \*\*\*150.00

Principal Place of Business

**3500 45TH STREET  
STE 17  
WEST PALM BEACH FL 33407  
US**

Mailing Address

**3500 45TH STREET  
STE 17  
WEST PALM BEACH FL 33407  
US**

00043172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**MARBLE & GRANITE CASTLE**  
Suite, Apt. #, etc.

**13222 South Killian Drive**  
City & State

**Lake Park, Florida 33403**

Zip Country  
**33403 USA**

3. Mailing Address

**MARBLE & GRANITE CASTLE**  
Suite, Apt. #, etc.

**13222 South Killian Drive**  
City & State

**Lake Park, FL 33403**

Zip Country  
**33403 USASA**

4. FEI Number **65-0800337**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VILLEGAS, JULIO  
3500 45TH ST  
WEST PALM BEACH FL 33407**

Name  
**VILLEGAS, JULIO**  
Street Address (P.O. Box Number is Not Acceptable)  
**13222 South Killian Drive**  
City **Lake Park** FL Zip Code **33403**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VILLEGAS, JULIO</b> <b>5250 KIM CT.</b> <b>W. PALM BEACH FL 33415</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VILLEGAS, JULIO</b> <b>229 PONCE DE LEON STREET</b> <b>ROYAL PALM BEACH, FL 33411</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.05.01

April 5, (561) 689-9222

Date Daytime Phone #

CR2E034 (10/00)