FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P98000039537 1. Entity Name GERSON MARBLE & TILE, INC. -28-2001 90048 048 \*\*\*158.75 Principal Place of Business Mailing Address 18782 NW 79 CT 18782 NW 79 CT MIAMI FL 33015 MIAMI FL 33015 2. Principal Place of Business 3. Mailing Address 1ac+ 18782 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE miami City & State City & State 4. FEI Number Applied For 65-0832839 Not Applicable Zip Country \$8.75 Additional 3*30l5* 5. Certificate of Status Desired nade Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Thange 1 ☐ Addition TITLE PSTD Delete TITLE Luis Aguirre 18782 nw 79 ct NAME NAME aguirre, gloria STREET ADDRESS STREET ADDRESS 18782 NW 79 CT CITY-ST-ZIP mtami Pl. 33 015 CITY-ST-ZIP **MIAMI FL 33015** vicepresident vice president ☐ Delete TITLE ☐ Addition TITLE Gioria Aguiric 18782 não jact mam: f1. 33015 Aguirie, Gloria NAME NAME STREET ADDRESS 18782 nw 79 ct miami F1. 38015 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>miamî Fl</u> ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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: CHOIN USANIVO
SIGNATURE AND TYPEGOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

(305) 827 1050

Daytime Phone #