

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90037 035 ***158.75

DOCUMENT # P98000039537

1. Entity Name

Gerson Marble & Tile, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18782 nw 79ct

Miami

City & State

FL

Zip

33015

County

Dade

3. Mailing Address

18782 nw

79ct

City & State

Miami FL

Zip

33015

County

Dade

4. FID Number

65-0832839

Applied For

Not Applicable

5. Certificate of Status Required

☒

\$175 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

AmericaLawyer

Street Address (P.O. Box Number is Not Acceptable)

343 Alameda Avenue

Coral Gables FL 33134

City

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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 of person named above (registered agent, and/or corporate officer)

NOTE: Registered agent signature required when necessary

DATE

9. Election Campaign Contribution

Must Fund Contribution

☐

\$5.00 may be

Added to Fees

OFFICERS AND DIRECTORS

10.
TITLE: PSTD
NAME: Gloria Aguirre
STREET ADDRESS: 18782 nw 79ct miami FL
CITY-STATE-ZIP: 33015

11.
TITLE: Vice-PSTD
NAME: Luis Aguirre
STREET ADDRESS: 18782 nw 79ct miami FL
CITY-STATE-ZIP: 33015

12.
TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13.
TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

14.
TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

15.
TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 120.01(3)(a), 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 can be attached with an address, with all other like empowerment.

SIGNATURE: Gloria Aguirre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

DATE

Signature of Secretary

CR200376 (12/01)