2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000048139 1. Entity Name PAVONI MARBLE CORP.					FILED Mar 30, 2000 8:00 am Secretary of State 03-30-2000 90032 017 ***150.00		
Principal Place		Mailing Address					
122 S.W. 96TH AVENUE 122 S.W. 96TH AVENUE 122 S.W. 96TH AVENUE MIAMI FL 33174 MIAMI FL 33174-2009							
2. Principal Place of Business 14250 Sw 166 st 142-S Suite, Apt. #, etc. 3. Mailing Address 142-S Suite, Apt. #, etc.		14250 9	50 SW 1665		DO NOT WRITE IN THIS SPACE		
City & State , City & State			& State l'anie, FC,		El Number 65-0839981		plied For t Applicable
Zip ろろ	177 Country	Zip 33/77	Country SA	5. (	Certificate of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current R	egistered Agent		7. 1	Name and Address of New Registe	ered Agent	
PAVONI. PEDRO P 122 S.W. 96TH AVENUE MIAMI FL 33174			-V		ox Number is Not Acceptable), C	vst	
7107 9-			City		ami	FL Zip Cod	<del>ب</del> تد ا د
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or regis			<u> </u>	2177
SIGNATURE _	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: I	Registered Agent signature requ	uired when re	sinstating) E	DATE	
Tax filing requirement and elects to do so. After MAY 1, 20			FEE IS \$150.00 Fee will be \$550.0 to Department of \$		10. Election Campaign Financin Trust Fund Contribution.		O May Be to Fees
11.	OFFICERS AND D		12.	AD AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PAVONI, PEDRO P 122 S.W. 96TH AVENUE MIAMI FL 33174	Delete	NAME	PAV	ONI, PEDROF SO S.W. 16651 Ami FL 33(		
TITLE NAME STREET ADDRESS	VPD ALCOLEA, IVAN 14215 SW 166 TERR	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI FL 33177 -SD CARLOS, ALVEA 6257 SW 135 AVE	Delete	-TITLE			Change -	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33189	Delete	CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP			Change	Addition [
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
13. I hereby c indicated	ertify that the information supplied with i on this report or supplemental report is poration or the receiver of trustee epopol or on an attachment with an accures, w	this filing does not qualify for t true and accurate and that my	he exemption stated in signature shall have t	Section	119.07(3)(i), Florida Statutes. I furth legal effect as if made under oath; t	er certify that the i hat I am an officer	nformation or director