

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064138

1. Entity Name

KARIMAR MARBLE & GRANITE, INC.

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90340 012 \*\*\*150.00

Principal Place of Business

~~121 KNOLLWOOD DR~~  
~~KEY-BISCAYNE-FL-33149~~

Mailing Address

~~121 KNOLLWOOD DR~~  
~~KEY-BISCAYNE-FL-33149~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5331 S.W. 65 AVE.

3. Mailing Address

5331 S.W. 65 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0850958

Applied For

Not Applicable

Zip

Country

33155 DADE

Zip

Country

33155 DADE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, MARIA C  
~~121 KNOLLWOOD DR~~  
~~KEY-BISCAYNE-FL-33149~~

7. Name and Address of New Registered Agent

Name

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

5331 SW 65 AVE

City

MIAMI

FL

Zip Code

33155

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)

DATE

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

TITLE ☐ Delete  
NAME DIAZ, MARIA C  
STREET ADDRESS 121 KNOLLWOOD DR  
CITY-ST-ZIP KEY-BISCAYNE-FL-33149

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 5331 SW 65 AVE  
CITY-ST-ZIP MIAMI, FL 33155

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA C. DIAZ

Date

Daytime Phone #

2/2/01 (305) 466-0765

CR2E034 (10/00)