

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069830

1. Entity Name

HSALONI MARBLE & GRANITE, INC.

FILED

Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90104 035 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1314 NEPTUNE DR STE 6~~  
~~BOYNTON BEACH FL 33426~~

~~1314 NEPTUNE DR STE 6~~  
~~BOYNTON BEACH FL 33426~~

A0014316

2. Principal Place of Business

1420 SW 30th Ave

3. Mailing Address

1420 SW 30th Ave.

Suite, Apt. #, etc.

1-2-3

Suite, Apt. #, etc.

1-2-3

City & State

Boynton Beach

City & State

Boynton Beach

Zip

33426

Country

Zip

33426

Country

4. FEI Number

65-0853874

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

GUERRERO, ALONSO

~~1314 NEPTUNE DR STE 6~~  
~~BOYNTON BEACH FL 33426~~

Name

ALONSO GUERRERO

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

1420 SW 30th Ave Ste 1-2-3

City

Boynton Beach

FL

Zip Code

33426

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, 2000 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 ☐ Delete  
NAME D  
STREET ADDRESS GUERRERO, ALONSO  
CITY-ST-ZIP 1314 NEPTUNE DR STE 6  
BOYNTON BEACH FL 33426

TITLE ☒ Change ☐ Add  
NAME  
STREET ADDRESS 1420 SW 30th Ave Ste 1-2-3  
CITY-ST-ZIP Boynton Beach FL 33426

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
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 recipient of the information provided 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 to this report with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/00 561-478-1111  
Date Daytime Phone #