FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91110 025 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005436

1. Entity Name

JLM MARBLE & TILE CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
106 SUFFOLK DRIVE	106 SUFFOLK DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ROYAL PALM BEACH, FL	City & State: ROYAL PALM BEACH, FL
Zip: 33411 Country: USA	Zip: 33411 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0893061 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOAO LUIZ MARCO

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

106 SUFFOLK DRIVE

City: ROYAL PALM BEACH **FL** Zip Code: 33411

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ 03/14/2003

Signature, title of officer, or agent (if registered agent and title if applicable) (NOTE: Registered Agent signature required when changing RA) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/V/T/S/D, JOAO LUIZ MARCO 106 SUFFOLK DRIVE ROYAL PALM BEACH, FL 33411	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 03/14/2003 561-204-2627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)