

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99 000009830

1. Entity Name

Artistic Marble Design, Inc.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90021 008 ***150.00

A0049693

Principal Place of Business
 14611 SW 170 Terrace
 Miami, FL 33177

Mailing Address
 14611 SW 170 Terrace
 Miami, FL 33177

2. Principal Place of Business
 1375 NW 97 Avenue
 Suite, Apt. #, etc.
 10

3. Mailing Address
 1375 NW 97 Avenue
 Suite, Apt. #, etc.
 10

DO NOT WRITE IN THIS SPACE

City & State
 Miami, FL

City & State
 Miami, FL

4. FEI Number
 65-0894280

Applied For
 Not Applicable

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

Zip
 33172

Country

Zip
 33172

Country

6. Name and Address of Current Registered Agent
 Juan E Genao
 14611 SW 170 Terrace
 Miami, FL 33177

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P.D.	<input type="checkbox"/> Delete	TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Juan E. Genao		NAME	Lorraine Genao	
STREET ADDRESS	14611 SW 170 Terrace		STREET ADDRESS	14611 SW 170 Terrace	
CITY-ST-ZIP	Miami, FL 33177		CITY-ST-ZIP	Miami, FL 33177	
TITLE		<input type="checkbox"/> Delete	TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Arelys Alkoff	
STREET ADDRESS			STREET ADDRESS	14611 SW 170 Terrace	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33177	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Juan E. Genao

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01

Date

Daytime Phone #

CR2E034 (11/00)