

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016905

1. Entity Name

MARBLE KINGDOM, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90085 013 ***150.00

Principal Place of Business

Mailing Address

5400 N.W. 159TH STREET
APT. 127
MIAMI LAKES FL 33014

5400 N.W. 159TH STREET
APT. 127
MIAMI LAKES FL 34110-8431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0896063

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MESA, ALBERTO
5400 N.W. 159TH STREET
APT. 127
MIAMI LAKES FL 33014

Name

MESA, ALBERTO

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

1141 SUN CENTURY RD., STE. 2

City

NAPLES, FL 34110

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, 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 PD
NAME MESA, ALBERTO ☒ Delete
STREET ADDRESS 5400 N.W. 159TH STREET
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE PD
NAME MESA, ALBERTO ☒ Change ☐ Addition
STREET ADDRESS 1141 SUN CENTURY RD., STE 2
CITY-ST-ZIP NAPLES, FL 34110

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

3. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/16/00 (944) 594-5545

CR2E034 (3/9/00)