

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90010 038 ***150.00

DOCUMENT # P99000017403

1. Entity Name
CASTELLA MARBLE, INC.

Principal Place of Business 3694 23RD AVE., STE. 1 LAKE WORTH FL 33462	Mailing Address 3694 23RD AVE., STE. 1 LAKE WORTH FL 33461-3210
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3694 23rd Avenue South Suite, Apt. #, etc.	3. Mailing Address 624 Sea Pine Way Ste D2 Suite, Apt. #, etc.
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City & State Lakeworth, FL	City & State Lakeworth, FL	4. FEI Number 65 090 1043	Applied For <input type="checkbox"/> Not Applicable
Zip 33461-3210	Country PB	Zip 33415	Country PB

6. Name and Address of Current Registered Agent
SUAREZ, GERMAN
2855 SAND PINE COURT
LANTANA FL 33462

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]* (NOTE: Registered Agent signature required when reinstating) DATE **2-15-00**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP SUAREZ, GERMAN 3694 23RD AVE., STE. 1 LAKE WORTH FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **2-15-00** DAYTIME PHONE # **561-585-0106**

CR2E034 (9/99)