

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90116 018 \*\*\*150.00

0020479

**DOCUMENT # P99000017403**

1. Entity Name  
**CASTELLA MARBLE, INC.**

Principal Place of Business 3694 23RD AVE., STE. 1 LAKE WORTH FL 33462	Mailing Address 624 SEA PINE WAY STE D2 LAKE WORTH FL 33415
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2. Principal Place of Business 3694 23 <sup>rd</sup> Ave South	3. Mailing Address 6080-C DURHAM DRIVE
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Suite, Apt. #, etc. Suite 1	Suite, Apt. #, etc.
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City & State Lake Worth, Florida	City & State LAKE WORTH, FLORIDA
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Zip 33461	Country U.S.A.	Zip 33467	Country U.S.A.
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4. FEI Number 65-0901043	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired  \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

**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)	6080 C DURHAM Dr.
City	LAKE WORTH FL
Zip Code	33467

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 GERMAN SUAREZ, President. 12 MAR 2001  
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**

TITLE DP	<input type="checkbox"/> Delete
NAME SUAREZ, GERMAN	
STREET ADDRESS 3694 23RD AVE., STE. 1	
CITY-ST-ZIP LAKE WORTH FL 33462	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE CDP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 6080 C DURHAM DRIVE	
CITY-ST-ZIP LAKE WORTH FLA 33467	

TITLE DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME EMILIA ISAZA SUAREZ	
STREET ADDRESS 6080 C DURHAM DRIVE	
CITY-ST-ZIP LAKE WORTH FLA 33467	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: EMILIA SUAREZ 12 MAR 2001 561-585-0106  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)