## 2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or tru changed, or on an attachment with an Astor A. 152

SIGNATURE:

## FILED Apr 24, 2000 8:00 am Secretary of State DOCUMENT # P99000022679 1. Entity Name CUTTING EDGE MARBLE & GRANITE, INC. 04-24-2000 90068 007 \*\*\*150.00 Principal Place of Business Mailing Address 10260 SOUTH KENDALE BOULEVARD 10260 SOUTH KENDALE BOULEVARD MIAMI FL 33176 MIAMI FL 33176-3534 2. Principal Place of Business 3. Mailing Address 5843 8693 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-090257 an Not Applicable Country \$8:75 Additional Country\_ 5. Certificate of Status Desired 4211 Fee Required A 2 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. PTD PTD Change Change Addition TITLE ☐ Delete TITLE PAZ, ASTOR 1721 SW 136 WAY PAZ. ASTOR NAME NAME 10260 SOUTH KENDALE BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miramow, FL . 33027 **MIAMI FL 33176** CITY-ST-ZIP SVD Delete ☐ Change ☐ Addition TITLE TITLE PRADO, ADOLPH NAME NAME 10260 SOUTH KENDALE BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE **MIAMILFL 33176** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ■ Addition ☐ Delete TITLE TITLE 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 study 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 truster and the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if