

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000023361

1. Entity Name

NAPOLI MARBLE & GRANITE CORPORATION

Principal Place of Business

292 N.W. 3RD AVE. BAY 44  
DEERFIELD BEACH FL 33441

Mailing Address

292 N.W. 3RD AVE. BAY 44  
DEERFIELD BEACH FL 33441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number **65-0896459**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CHAVES, RONALDO  
292 N.W. 2ND STREET BAY #44  
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name **RONALDO CHAVES**

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

**292 N.W. 2ND Street. Bay #44**

City **Deerfield Beach** Zip **33441**

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 *R. Chaves*

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 **PTD**  
NAME **CHAVES, RONALDO O.**  
STREET ADDRESS **427 NW 38TH AVENUE**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE **VSD**  
NAME **CHAVES, CLAUDIA MARIA**  
STREET ADDRESS **427 NW 38TH AVENUE**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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Change  Addition

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Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *R. Chaves. DONALDO CHAVES*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.01.01 954 8213770  
Date Daytime Phone #

CR2E034 (10/00)