

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90347 012 \*\*\*150.00

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**DOCUMENT # P99000023361**

1. Entity Name

**NAPOLI MARBLE & GRANITE CORPORATION**



Principal Place of Business

**292 NW 2ND STREET  
DEERFIELD BEACH FL 33441**

Mailing Address

**292 NW 2ND STREET  
DEERFIELD BEACH FL 33441**

**00144003**



2. Principal Place of Business

**272 NW 2ND STREET**

3. Mailing Address

**272 NW 2ND ST**

Suite, Apt. #, etc.

**DEERFIELD BEACH**

Suite, Apt. #, etc.

**DEERFIELD BEACH**

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0896459**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

**33441**

Country

**USA**

Zip

**33441**

Country

**USA**

6. Name and Address of Current Registered Agent

**CHAVES, RONALDO**

**292 NW 2ND STREET**

**DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

Name

**CHAVES, RONALDO**

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

**272 NW 2ND STREET**

City

**DEERFIELD BEACH**

FL

Zip Code

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/8/2003**

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHAVES, RONALDO O 427 NW 36TH AVENUE DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CHAVES, CLAUDIA M 427 NW 36TH AVENUE DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINS, LUCIANO M 711 S.E. 1ST WAY #2 DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: X SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/8/03 (954) 421-3176**

CR2E034 (4/03)

Attachment

90142689

Deerfield Beach, Florida July 9, 2003.

FLORIDA DEPARTMENT OF STATE  
REINSTATEMENT DEPARTMENT  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation by the following name:

**NAPOLI MARBLE & GRANITE CORPORATION**

**Doc. # P99000023361**

And we have not receive the Annual Business Report 2003 due to the fact that we moved last year and even changing our address with the United States Postal Office we did not received the Annual Business Report 2003.

We received a phone call from our accountant mentioning that we had not filed yet this form and needs to be filed as soon as possible with Florida Department of State, Division of Corporations with a check amount of \$ 150,00.

Please accept our consideration with the update form, and wave the penalty once was not our intention to be late and just now we received this form by mail and always we are on time with the State of Florida, Division of Corporations, and Department of taxes, which we honor and respect the laws and statues.

Please find enclosed a check amount of \$ 150,00 to pay the Annual Business Report 2003.

Once again thank you for your consideration and concern on this matter and if you have any question do not hesitate to contact us.

Sincerely,

  
**NAPOLI MARBLE & GRANITE, CORPORATION**  
**RONALDO CHAVES**  
President