

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90375 011 ***150.00

DOCUMENT # P99000033975

1. Entity Name

MINT MARBLE RESTORATION, INC.

Principal Place of Business

Mailing Address

~~133 CAMDEN F~~
~~WEST PALM BEACH FL 33417~~

~~133 CAMDEN F~~
~~WEST PALM BEACH FL 33417~~

2. Principal Place of Business

12547 Imperial Isles Dr

Suite, Apt. #, etc.

301 Apt.

City & State

Boynton Beach, Fl.

Zip

33437-7233

Country

USA

3. Mailing Address

12547 Imperial Isles Dr

Suite, Apt. #, etc.

Apt. 301

City & State

Boynton Beach, Fl.

Zip

33437-7233

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0934966**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

VANCE, STEPHEN

133 CAMDEN F

WEST PALM BEACH FL 33417

7. Name and Address of New Registered Agent

Name

Stephen Vance

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

12547 Imperial Isles Drive, Apt. 301

City

Boynton Beach

FL

Zip Code

33437-7233

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, 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 **PD** ☐ Delete
NAME **VANCE, STEPHEN**
STREET ADDRESS **133 CAMDEN F**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Vance, Stephen**
STREET ADDRESS **12547 Imperial Isles Drive, Apt. 301**
CITY-ST-ZIP **Boynton Beach, Fl. 33437-7233**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **Stephen Vance** **STEPHEN VANCE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/2001

Date

954 234343

Daytime Phone #

CR2E034 (10/00)