

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90914 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000066124**

1. Entity Name  
**WILLIAM'S MARBLE INSTALLATION, INC.**

Principal Place of Business

1201 N.E. 191ST #G310  
 N. MIAMI BEACH FL 33179

Mailing Address

1201 N.E. 191ST #G310  
 N. MIAMI BEACH FL 33179

2. Principal Place of Business

1100 NE. 191ST.

3. Mailing Address

1100 NE. 191 ST.

Suite, Apt. #, etc.

E-27

Suite, Apt. #, etc.

E-27

City & State

N. M. BEACH.

City & State

N. M. BEACH.

4. FEI Number

65-0940862

Applied For

Not Applicable

Zip

33179

Country

FL.

Zip

33179

Country

FL.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OBANDO, WILLIAM

1201 N.E. 191ST #G310

N. MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name

WILLIAM OBANDO

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

1100 NE. 191 ST. E-27

City

N. M. BEACH

FL

Zip Code 33179

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

4-8-02

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, 2002 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 OBANDO, WILLIAM  
 STREET ADDRESS 1201 N.E. 191ST #G310  
 CITY-ST-ZIP N. MIAMI BEACH FL 33179

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 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 OBANDO, WILLIAM  
 STREET ADDRESS 1100 NE. 191 ST. # E-27  
 CITY-ST-ZIP N. M. BEACH. FL. 33179

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-02 (305) 947-1396

CR2E034 (9/01)