FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 26, 2001 8:00 am Secretary of State DOCUMENT # P9900066185 STONEHENGE MARBLE & GRANITE DESIGN, INC. 01-26-2001 90006 040 ***158.75 Principal Place of Business Mailing Address 2100 NW 33RD TERRACE 2100 NW 33RD TERRACE COCONUT CREEK FL 33066-2255 COCONUT CREEK FL 33066-2255 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4, FEI Number Applied For 65-0936224 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIATTINO, DALE R Street Address (P.O. Box Number is Not Acceptable) 2100 NW 33RD TERRACE **COCONUT CREEK FL 33066** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition GIATTINO, DALE R NAME NAME 2100 NW 33RD TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33066-2255 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change YEARWOOD, REGINALD NAME NAME STREET ADDRESS 2100 NW 33RD TERR STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33066-2255 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME LOPEZ, RAMON -----NAME STREET ADDRESS 2100 NW 33RD TERR STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33066-2255 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/200) 561 436.00P2