

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071789

1. Entity Name

NATURE OF MARBLE, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90219 007 ***150.00

Principal Place of Business

1601 SOUTHWEST 10TH STREET
DELRAY BEACH FL 33444

Mailing Address

1601 SOUTHWEST 10TH STREET
DELRAY BEACH FL 33444-1247

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0940746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

HUSSEIN SWEID

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

1601 SW 10TH STREET

City

DELRAY BEACH

FL

Zip Code

33444

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

04/01/2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE (\$150.00)
After MAY 1, 2000 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
NAME PTD
STREET ADDRESS SWEID, HUSSEIN
CITY-ST-ZIP 1601 SOUTHWEST 10TH STREET
DELRAY BEACH FL 33444 ☐ Delete

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

TITLE
NAME S
STREET ADDRESS SWEID, ALI
CITY-ST-ZIP 1601 SOUTHWEST 10TH STREET
DELRAY BEACH FL 33444 ☐ Delete

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

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CITY-ST-ZIP ☐ 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)(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

04/01/2000 (561) 272-0203

Date

Daytime Phone #

CR2E034 (9/99)