

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071789

1. Entity Name

NATURE OF MARBLE, INC.

FILED

Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90027 017 ***150.00

Principal Place of Business

1601 SOUTHWEST 10TH STREET
DELRAY BEACH FL 33444

Mailing Address

1601 SOUTHWEST 10TH STREET
DELRAY BEACH FL 33444

2. Principal Place of Business

950 S.W 17th AVE

Suite, Apt. #, etc.

Bay # 1 & 2

City & State

Delray Beach FL.

3. Mailing Address

950 S.W 17th AVE

Suite, Apt. #, etc.

Bay # 1 & 2

City & State

Delray Beach FL.

Zip

33444

Country

U.S.A

Zip

33444

Country

U.S.A

6. Name and Address of Current Registered Agent

SWEID, HUSSEIN

1601 SW 10TH ST

DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name

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

950 S.W 17th AVE Bay 1 & 2

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

03/24/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SWEID, HUSSEIN
1601 SOUTHWEST 10TH STREET
DELRAY BEACH FL 33444 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
950 S.W 17th AVE Bay 1 & 2
Delray Beach FL 33444 ☒ Change ☐ Addition

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

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

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

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

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

03/24/01 (561)272-0203

Date

Daytime Phone #

CR2E034 (10/00)