2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000085376** May 08, 2000 8:00 am Secretary of State ROYAL MARBLE AND GRANITE, INC. 05-08-2000 90034 047 ***150.00 Mailing Address Principal Place of Business 2600 NW 62 ST. HANGAR 20 2600 NW 62 ST. HANGAR 20 FT LAUDERDALE FL 33309-1702 FT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address 6736 NW 20th Avenue DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-0499309 Applied For City & State City & State Ft. Lauderdale FLNot Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 33309 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PROHASKA, TIM Street Address (P.O. Box Number is Not Acceptable) 2600 NW 62 ST, HANGAR 20 FT LAUDERDALE FL 33309 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PVST** Change ☐ Addition TITLE TITLE ☐ Delete PROHASKA, TIM NAME NAME 2600 NW 62 ST, HANGAR 20 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 ☐ Change ☐ Addition Delete TITI F TITLE PROHASKA, TIM NAME NAME STREET ADDRESS 2600 NW 62 ST, HANGAR 20 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 Change X Addition TITLE TITLE ☐ Delete Theresa Prohaska NAME NAME STREET ADDRESS 2600 NW 62nd Street, #20 STREET ADDRESS CITY-ST-ZIP Ft. Lauderdale, FL 33309 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change Addition TITLE TITLE النووان اليواة NAME 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP eges not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information arcurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO