## **2002 UNIFORM BUSINESS REPORT (UBR)**

P99000087206

**DOCUMENT#** 1. Entity Name

RADA MARBLE & MOSAIC CORPORATION

				]			
Principal Pla	ice of Business	Mailing Address					
3666 S.W. 153TH PLACE		3666 S.W. 153TH PLACE					
MIAMI FL 33185		MIAMI FL 33185					
					I ANDRENDE DE CENTR ANDRE MORTE DE	u naur aarat (201) (nata (60	JI 88118 811 1881
		***		.≥			
	Place of Business	3. Mailing Address			<b>       </b>	<b>        </b>	
9695		15891 SU	) 54 TERA	2		•	-
Suite, Api	//	Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SPACE	
City & State HIMIENH GARDEN FL		City & State Minimi, FL		4	65-0951921	<b>⊢</b>	Applied For Not Applicable
Zip <b>33</b>		33185	Country MiAmi - D.	nde "	Certificate of Status Desired	□ \$8.75 A Fee Requ	
	6. Name and Address of Current I	Registered Agent		7	. Name and Address of New Re	egistered Agent	
	Name	Name SAME					
PANTIN,	Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
3666 S.V							
, Miami Fl		15891 SW 54 TERR					
			City	<b>UiAN</b>		FL Zip S	3185
8. The above	e named entity submits this statement for	the purpose of changing its	s registered office or	registered	agent, or both, in the State of Flo	rida. ↓am familiar wit	h, and accept
ine obliga	tions of registered agent	<b>.</b> ee					}
SIGNATURE		-					
	Signature, typed or printed fame of registered agent a	nd title if applicable. (NO	TE: Registered Agent signatur	e required whe	n reinstating)	DATE	
	oration is eligible to satisfy its Intangible	- FILE NOW	!!! FEE:IS \$550.0	<del>00)</del>	10. Election Campaign Fina	encina CE	00
	requirement and elects to do so.	After September 1			Trust Fund Contribution	·	00 May Be ed to Fees
	<u> </u>	Make Check Paya		•			
11.	OFFICERS AND D		12.		ADDITIONS/CHANGES TO OFFI	****	
TITLE NAME	D   Perez, fabio a	Delete	TITLE .		sident	<b>K</b> Change	Addition
STREET ADDRESS	1194 NW 123TH CT.		STREET ADDRESS	MANT	N, AdA		
CITY-ST-ZIP	MIAMI FL 33182		CITY-ST-ZIP	15891	SW 54 TERR 11 FL 33185		
TITLE - 29 %	Section 18	□ Delete	TITLE	•	PRESIDENT	☐ Change	Addition
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CITY-ST-ZIP			CITY-ST-ZIP	Miam			
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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 of supplied ental 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 receive of 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:

SIGNATURE:

SIGNATURE: 2

FILED Sep 09, 2002 8:00 am Secretary of State 09-09-2002 90014 050 \*\*\*550.00