2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99 000093127 Feb 28, 2001 8:00 am **Secretary of State** 1. Entity Name ROAL MARble Industries: JNC 02-28-2001 90125 049 ***150.00 Principal Place of Business 10261 Pines Blud Nembroke Pines Mailing Address UUUZUUUZ 2. Principal Place of Business 3. Mailing Address 10261 Blud B28; NESS DO NOT WRITE IN THIS SPACE Penbrola City & State 4. FEI Number 0619588 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33036 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 0 1.0 GRANA embroly Pines 33026 Zip Code 33026 8. The above named entity swindts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PSD TITL F ☐ Delete TITLE Change Addition putonio Granado NAME NAME STREET ADDRESS 1004/ PINES BRUD STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP ☐ Delete TITLE TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowered. SIGNATURE:

Date

Daytime Phone #