

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100059

1. Entity Name

FIRST QUALITY MARBLE & GRANITE, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90040 015 ***150.00

Principal Place of Business

Mailing Address

11803 N NEBRASKA AVENUE
TAMPA FL 33612

11803 N NEBRASKA AVENUE
TAMPA FL 33612-5339

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

TRUONG, DANH T
11803 N NEBRASKA AVENUE
TAMPA FL 33612

Name

TRUONG, DANH T

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

4010 W OLIVE ST

City

TAMPA

FL

Zip Code
33616

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

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, 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 ☐ Delete
NAME D
STREET ADDRESS TRUONG, DANH T
CITY-ST-ZIP 4010 W OLIVE STREET
TAMPA FL 33616

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CRUZ, JUAN CARLO
CITY-ST-ZIP 11803 N NEBRASKA AVENUE
TAMPA FL 33612

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS CRUZ, JUAN CARLOS
CITY-ST-ZIP 6805 - MARIE - AVE #5
TAMPA - FL - 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-20-00 (813) 978-8428

CR2E034 (9/99)