

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # S87042**1. Entity Name  
**VALEY MARBLE AND GRANITE, INC.**Principal Place of Business  
3162 COMMODORE PLAZA, #3A  
MIAMI FL 33133  
Mailing Address  
3162 COMMODORE PLAZA, #3A  
MIAMI FL 331332. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country  
3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country4. FEI Number  
**65-0293445**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****JIMENEZ ROSE G.**  
3162 COMMODORE PLAZA, #3A  
MIAMI FL 33133 US**7. Name and Address of New Registered Agent**Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 \_\_\_\_\_ **05/01/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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	S	<input type="checkbox"/> Delete
NAME	JIMENEZ ROSE G	
STREET ADDRESS	3162 COMMODORE PLAZA, #3A	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	V	<input type="checkbox"/> Delete
NAME	PERDIGAO MARCIO C	
STREET ADDRESS	3162 COMMODORE PLAZA, #3A	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	V	<input type="checkbox"/> Delete
NAME	MEIRELES, PAULO CESAR	
STREET ADDRESS	3162 COMMODORE PLAZA, #3A	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	V	<input type="checkbox"/> Delete
NAME	MEIRELES, CLAUDIA MARIA	
STREET ADDRESS	3162 COMMODORE PLAZA, #3A	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	MEIRELES, CLETO CAMPELO	
STREET ADDRESS	3162 COMMODORE PLAZA, #3A	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JIMENEZ ROSE GS		
STREET ADDRESS	3162 COMMODORE PLAZA, #3A		
CITY-ST-ZIP	MIAMI FL 33133		
TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERDIGAO MARCIO CV		
STREET ADDRESS	3162 COMMODORE PLAZA, #3A		
CITY-ST-ZIP	MIAMI FL 33133		
TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEIRELES PAULO CV		
STREET ADDRESS	3162 COMMODORE PLAZA, #3A		
CITY-ST-ZIP	MIAMI FL 33133		
TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEIRELES CLAUDIA MV		
STREET ADDRESS	3162 COMMODORE PLAZA, #3A		
CITY-ST-ZIP	MIAMI FL 33133		
TITLE	PTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEIRELES CLETO CPTD		
STREET ADDRESS	3162 COMMODORE PLAZA, #3A		
CITY-ST-ZIP	MIAMI FL 33133		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: ROSE GRACE JIMENEZ****S****05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)