

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
General B. McArthur
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY -1 PM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S98484**

(6)

GOLD COAST MARBLE REFINISHING, INC.

6646 NW 181 LN
MIAMI LAKES FL 33015

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MIAMI LAKES FL 33015

3. Date this report filed for filing: **12/06/1991** 3a. Date of next report: **05/01/1994**

4. Filing Number: **65-0299060** Approved Fee: ☐ Not Applicable: ☐

5. Certificate of Status (Required) ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**

8. The corporation has liability for alternative tax under 5.1001(2) Florida Statutes: ☐ Yes ☒ No

2. Principal Office (Required) 2a. Mailing Address (Required)
21. State: ☐ 26. State: ☐
22. City: ☐ 27. City: ☐
23. County: ☐ 28. County: ☐
24. Zip: ☐ 25. Zip: ☐ 29. Zip: ☐ 30. Zip: ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VASQUEZ, LEONCIO
6646 NW 181 LN
MIAMI LAKES FL 33015

81. Name: ☐
82. Street Address: ☐ Box Number: ☐ As Applicable: ☐
83. ☐
84. City: ☐ FL 85. Zip: ☐

11. I, the undersigned, being duly sworn, depose and say that I am the duly authorized agent of the corporation named herein, and that I am filing this statement for the purpose of changing its registered office as required by law, and that the information contained herein is true and correct to the best of my knowledge and belief.

SUBSCRIBER: ☐ I, the undersigned, being duly sworn, depose and say that I am the duly authorized agent of the corporation named herein, and that I am filing this statement for the purpose of changing its registered office as required by law, and that the information contained herein is true and correct to the best of my knowledge and belief.

12. Director, Agent, or Officer		13. Attest: Agent, Secretary, or Treasurer	
NAME	D VASQUEZ, LEONCIO	NAME	
STREET ADDRESS	6646 NW 181 LN	STREET ADDRESS	
CITY	MIAMI LAKES FL	CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	
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CITY		CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	

14. I, the undersigned, being duly sworn, depose and say that I am the duly authorized agent of the corporation named herein, and that I am filing this statement for the purpose of changing its registered office as required by law, and that the information contained herein is true and correct to the best of my knowledge and belief.

SIGNATURE: *Leoncio Vasquez* 4/21/95 (305) 835-3946
SIGNATURE AND TYPED OR PRINTED NAME: **LEONCIO VASQUEZ**
SIGNING OFFICER OR DIRECTOR: **41**