

2004

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90081 034 ****50.00

DOCUMENT # L03000038010

1. Entity Name
3 STONES MARBLE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1313 Ponce de Leon Blvd
Suite, Apt. #, etc. Suite 310

3. Mailing Address
Suite, Apt. #, etc.

City & State
CORAL GABLES, FL

City & State

Zip 33134 Country USA

Zip Country

4. FEI Number 13-4266851 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name LUZ ADRIANA ARISTIZABAL

Street Address (P.O. Box Number is Not Acceptable)
1313 Ponce de Leon Blvd Suite 310

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 Adriana Aristizabal
Signature, typed or printed name of registered agent and title if appropriate. (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.

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM LUZ ADRIANA ARISTIZABAL 1313 PONCE DE LEON BLVD # 310 CORAL GABLES, FL 33134</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Adriana Aristizabal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/01)