

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90089 025 ***150.00

DOCUMENT # 636252

1. Entity Name

SUAREZ'S TILE INC.

Principal Place of Business

Mailing Address

3971 NW 6ST
 MIAMI FL 33126
 US

3971 N.W. 6 STREET
 #107
 MIAMI FL 33126-5611
 US

2. Principal Place of Business

341 11TH STREET SW

3. Mailing Address

341 11TH STREET SW.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES

City & State

NAPLES, FL

4. FEI Number

59-1938915

Applied For

Not Applicable

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

SUAREZ, TANIA
 3971 NW 6 STREET
 MIAMI FL 33126

Name JUAN SUAREZ

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

341 11TH STREET S.W.

City NAPLES

FL

Zip Code 34117

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 *Juan Suarez*

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 PTD ☐ Delete
 NAME SUAREZ, JUAN A
 STREET ADDRESS 3971 N.W. 6 STREET
 CITY-ST-ZIP MIAMI, FL 00000

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

TITLE VD ☒ Delete
 NAME SUAREZ, MARIA
 STREET ADDRESS 3971 N.W. 6 STREET
 CITY-ST-ZIP MIAMI, FL 00000

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

TITLE SD ☒ Delete
 NAME SAUREZ, TANIA I
 STREET ADDRESS 3971 N.W. 6 STREET
 CITY-ST-ZIP MIAMI, FL 00000

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Juan Suarez **RECEIVED** JUAN A. SUAREZ 3/13/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #