

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90862 010 \*\*\*150.00

**DOCUMENT # 698216**

1. Entity Name  
**URO-TILE, INC.**

Principal Place of Business Mailing Address  
~~300 SOUTH FEDERAL HWY~~ **102 N.W. 4th** ~~300 SOUTH FEDERAL HWY~~  
**BOCA RATON FL 33432** **BOCA RATON FL 33432**

**80107490**



2. Principal Place of Business 3. Mailing Address  
**102 N.W. 4th St** **21835 EL BOSQUE WAY**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
**Boca Raton Fla** **Boca Raton Fla** **59-2116523** Not Applicable  
 Zip Country Zip Country 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
**33432 P.B.** **33428 Palm Beach**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SCHIFFER, CECILIA**  
**21835 EL BOSQUE WAY**  
**BOCA RATON FL 33428**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>VT</b>	<b>SCHIFFER, CECILIA</b>	<b>21835 EL BOSQUE WAY</b> <b>BOCA RATON FL 33428</b>				
	<b>P</b>	<b>SCHIFFER, HENRY</b>	<b>21835 EL BOSQUE WAY</b> <b>BOCA RATON FL 33428</b>				
	<b>S</b>	<b>SCHIFFER, HELENA</b>	<b>6541 VIA REGINA</b> <b>BOCA RATON FL 33432</b>				

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 empowerments.

SIGNATURE: Cecilia Schiffer DATE: 4-25-02 DAYTIME PHONE #: (561) 394-6701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)