

2004 **UNIFORM BUSINESS REPORT (UBR)**

05-05-2004 90245 015****150.00
698216
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 698216
1. Entity Name **URO-TILE INC.**
102 N.W. 4th St
BOCA RATON, FLORIDA 33432

04 JUN 22 PM 4:50

Principal Place of Business
102 N.W. 4th St,
BOCA RATON, FLORIDA 33432

14022336

2. Principal Place of Business: **BOCA RATON, FLORIDA 33432**
3. Mailing Address: **SAME AS ABOVE**
4. City & State: **BOCA RATON, FL**
5. Name and Address of Current Registered Agent:
Cecilia Schiffer
21835 EL BOSQUE WAY
Boca Raton, FL 33428

SIGNATURE: _____ DATE: _____

9. This corporation is eligible to elect its intangible tax filing requirements and elects to do so. **FOR NOW - FEE IS \$100.00**
10. Election Campaign Financing: **\$0.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT	<input type="checkbox"/> Delete	TITLE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HENRY A. SCHIFFER		NAME HENRY A. SCHIFFER	
STREET ADDRESS 21835 EL BOSQUE WAY-BOCA RATON		STREET ADDRESS 21835 EL BOSQUE WAY-BOCA RATON	
CITY-ST-ZIP BOCA RATON FL 33428		CITY-ST-ZIP BOCA RATON FL 33428	
TITLE VICERESIDENT-TREASURER	<input type="checkbox"/> Delete	TITLE VICERESIDENT-TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CECILIA SCHIFFER		NAME CECILIA SCHIFFER	
STREET ADDRESS 21835 EL BOSQUE WAY-BOCA RATON		STREET ADDRESS 21835 EL BOSQUE WAY-BOCA RATON	
CITY-ST-ZIP BOCA RATON FL 33428		CITY-ST-ZIP BOCA RATON FL 33428	
TITLE SECRETARY-TREASURER	<input type="checkbox"/> Delete	TITLE SECRETARY-TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HELENA SCHIFFER		NAME HELENA SCHIFFER	
STREET ADDRESS 6541 VIA REGINA-BOCA RATON		STREET ADDRESS 6541 VIA REGINA-BOCA RATON	
CITY-ST-ZIP BOCA RATON FL 33433		CITY-ST-ZIP BOCA RATON FL 33433	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 of the reporting business empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 as changed, or on an attachment, with an address, with all other officers empowered.

SIGNATURE: Cecilia Schiffer April 26, 2004 (20) 394-6701

CREATED BY (198)