

2007

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

07 MAY 23 AM 9:37

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # 698216  
 1. Entity Name  
 URO-TILE, INC.

Principal Place of Business: 102 N.W. 4th St, BOCA RATON FL 33432  
 Mailing Address: 102 N.W. 4th St, BOCA RATON FL 33432



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number 59-2116523  
 5. Certificate of Status Desired  \$8.75 Addition Fee Required

6. Name and Address of Current Registered Agent  
 SCHIFFER, CECILIA  
 100 N.W. 10th Ave,  
 BOCA RATON FL 33486

7. Name and Address of New Registered Agent  
 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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Added to Fee

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: VT NAME: SCHIFFER, CECILIA STREET ADDRESS: 21835 EL BOSQUE WAY CITY-ST-ZIP: BOCA RATON FL 33428	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 500103904535 06/05/07--01027--017 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: P NAME: SCHIFFER, HENRY STREET ADDRESS: 21835 EL BOSQUE WAY CITY-ST-ZIP: BOCA RATON FL 33428	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 826/1	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: S NAME: SCHIFFER, HELENA STREET ADDRESS: 6541 VIA REGINA CITY-ST-ZIP: BOCA RATON FL 33432	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 826/1	<input type="checkbox"/> Change <input type="checkbox"/> Add
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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)(b), 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 as changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE: Cecilia Schiffer

4-2807(561394-6701