

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90018 006 ***150.00

0761408

DOCUMENT # F00000003297

1. Entity Name
PORCELANOSA NEW JERSEY, INC.

Principal Place of Business
**153 SEVILLA AVENUE
 CORAL GABLES FL 33134**

Mailing Address
**153 SEVILLA AVENUE
 CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2507914**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MJF REGISTERED AGENT CORP.
 153 SEVILLA AVENUE
 CORAL GABLES FL 33134**

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PCD	SORIANO MANZANET, MARIA JOSE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	153 SEVILLA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
V	FREEMAN, MICHAEL J	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	153 SEVILLA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
SD	COLONQUES MORENO, HECTOR	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	153 SEVILLA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TD	RAMOS USO, JUAN FRANCISCO	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	153 SEVILLA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
D	TOTTEN, DECELLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	153 SEVILLA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael J. Freeman, Vice President

3-2-01 305-442-1567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)