2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

FILED Apr 10, 2000 8:00 am Secretary of State DOCUMENT # L07171 1. Entity Name GAVAGNI TILE & MARBLE, INCORPORATED 04-10-2000 90005 011 ***150.00 Principal Place of Business Mailing Address 4960 82ND STREET NORTH 4960 82ND STREET NORTH PALM BEACH GARDENS FL 33418-6103 PALM BEACH GARDENS FL 33418-6103 034190 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0137495 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GAVAGNI, JILL J Street Address (P.O. Box Number is Not Acceptable) 4960 82ND STREET NORTH PALM BEACH GARDENS FL 33418 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition TITLE TITLE ☐ Delete GAVAGINI. ANGELO NAME NAME STREET ADDRESS STREET ADDRESS 4960 82ND STREET NORTH 33418-6103 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL ☐ Addition ☐ Change TITLE GAVAGNI, JILL J NAME STREET ADDRESS 4960 82ND STREET NORTH STREET ADDRESS 33418-6103 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL ☐ Change Addition TITLE ☐ Delete TITLE GAVAGNI, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 808 POPLAR DR CITY-ST-ZIP LAKE PARK FL 33403 - 202 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST-7(P CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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