2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # M88691 Mar 01, 2000 8:00 am **Secretary of State** TOTAL CERAMIC TILE, INC. 03-01-2000 90079 033 ***150.00 Principal Place of Business Mailing Address 7208 ALOMA AVE 7208 ALOMA AVE #100 #100 WINTER PARK FL 32792-7134 WINTER PARK FL 32792 ្រុះមិនរយៈ១០ 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2897495 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Aldo J. DelTedesco KATZ, NORBERTO S. Street Address (P.O. Box Number is Not Acceptable) 2211 E MICHIGAN ST 7208 Aloma Ave., #100 ORLANDO FL 32806 Winter Park 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. 3-2000 (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change 🖈 Addition TITLE Delete TITLE PD-T NAME DEL TEDESCO, ALDO J. NAME Sharon DelTedesco STREET ADDRESS STREET ADDRESS 626 S. ECONOLOKHATCHEE 626 S. Econlockhatchee CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Orlando, FL 32825 Delete ☐ Change ✓ Addition TITLE TITLE NAME NAME Angelo DelTedesco STREET ADDRESS STREET ADDRESS 1042 Hayden Rd. CITY-ST-ZIP CITY-ST-ZIP Rockledge, FL 32955 - Delete TITI F Change Addition TITLE NAME NAME Rina Ballentine STREET ADDRESS STREET ADDRESS 9320 Sonia Court CITY-ST-7IP CITY-ST-ZIP Orlando, FL 32825 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME 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. K. Destedesco

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