


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90055 008 ***150.00

DOCUMENT # ~~P00000000~~9249 (2)

1. Entity Name
TANAKA Stone & Tile Importers INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
425 Seahorse Cir. S.E.

3. Mailing Address
425 Seahorse Cir. S.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Bay Fla

City & State

Palm Bay Fla

4. FEI Number

59-3623384

Applied For

Not Applicable

Zip

32909

Country

U.S.A.

Zip

32909

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JOBY MORANO

Street Address (P.O. Box Number is Not Acceptable)

425 Seahorse Cir. S.E.

City

Palm Bay

FL

Zip Code

32909

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	owner JOBY MORANO 425 Seahorse Cir. S.E. Palm Bay Fla 32909	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 18 03

Date

321-951-9311

Daytime Phone #

CR2E034B (12/02)