

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90372 025 \*\*\*150.00

DOCUMENT # **P00000047691**

1. Entity Name  
**LUIGI TILE, INC.**

Principal Place of Business <del>8850 SW 123RD CT NO. H-401</del> <del>MIAMI FL 33186</del>	Mailing Address <del>8850 SW 123RD CT NO. H-401</del> <del>MIAMI FL 33186</del>
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2. Principal Place of Business <b>16370 SW 103 ST.</b> Suite, Apt. #, etc.	3. Mailing Address <b>16370 SW 103 ST.</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>MIAMI FL.</b>	City & State <b>MIAMI, FL.</b>	4. FEI Number <b>65-1013576</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33196</b>	Country <del>UNITED STATES</del>	Zip <b>33196</b>	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>SIMONE, LUIGI</b> <b>8850 SW 123RD CT NO. H-401</b> <b>MIAMI FL 33186</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>16370 SW 103 ST</b> City <b>MIAMI</b> FL Zip Code <b>33196</b>
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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 re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete SIMONE, LUIGI 8850 SW 123RD CT NO. H-401 MIAMI FL 33186	TITLE SIMONE LUIGI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16370 SW 103 ST. MIAMI, FL. 33196
TITLE V	<input type="checkbox"/> Delete SIMONE, MARIANA 8850 SW 123RD CT NO. H-401 MIAMI FL 33186	TITLE 16370 SW 103 ST.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MIAMI, FL. 33196
TITLE S	<input type="checkbox"/> Delete SIMONE, LESLYE 8850 SW 123RD CT NO. H-401 MIAMI FL 33186	TITLE 16370 SW 103 ST.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MIAMI, FL. 33196
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *X Leslye Simone* **LESLYE SIMONE** **4/24/01** **(305)380-0161**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)