

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91281 005 ***150.00

DOCUMENT # P 00000085133

1. Entity Name

EUROPEAN TILE BUSINESS, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1548 BRICKELL AVE.

3. Mailing Address

1548 BRICKELL AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-3671534

Applied For

Not Applicable

Zip

33129-1210

Country

USA

Zip

33129-1210

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

AD0067495

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

SALUSSOLIA, PIERO

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

1548 BRICKELL AVE.

City **MIAMI**

FL

Zip Code **33129-1210**

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

PIERO SALUSSOLIA

04/26/01

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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: Marcella Manca **MARCELLA MANCA** 04/27/01 305-323-7016
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)