

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90062 011 ***150.00

0356407 AV

DOCUMENT # P00000108375

1. Entity Name
CHRONOS TILE & MARBLE, INC.



Principal Place of Business
**1530 NW 128 DR. #101
SUNRISE FL 33323**

Mailing Address
**1530 NW 128 DR. #101
SUNRISE FL 33323**



2. Principal Place of Business
1530 NW 128 DR.
Suite, Apt. #, etc.
101

3. Mailing Address
1530 NW 128 DR.
Suite, Apt. #, etc.
101

☐ CHECK HERE IF MAKING CHANGES

City & State
SUNRISE FL.

City & State
SUNRISE FL.

4. FEI Number **65-1057400**

Applied For
Not Applicable

Zip
33323

Country
FL. BROWARD

Zip
33323

Country
FL. BROWARD

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SORIA, FRANCISCO
1530 NW 128 DR. #101
SUNRISE FL 33323

Name

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

City

FL

Zip Code

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 **[Signature]**

04-10-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SORIA, FRANCISCO**
STREET ADDRESS **1530 NW 128 DR. #101**
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **FERREYROS, RAUL ALBERTO**
STREET ADDRESS **1530 NW 128 DR. #101**
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-03 954-448-2763

Date

Daytime Phone #

CR2E034 (10/02)