

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90238 018 \*\*\*150.00

**DOCUMENT # P01000006710**

1. Entity Name  
**AYJ TILE & MARBLE, INC.**

Principal Place of Business      Mailing Address  
~~14051 ANCHORET RD.~~      ~~14051 ANCHORET RD.~~  
**TAMPA FL 33624**      **TAMPA FL 33624**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**14501 ANCHORET RD**      **14501 ANCHORET RD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number      Applied For  
**TAMPA FL**      **TAMPA FL**      **59-3695914**       Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional  
**33624**      **HMS**      **33624**      **HMS**       Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**GUTIERREZ, MARIA J**      Name **MARIA J. GUTIERREZ**  
~~14051 ANCHORET RD.~~      Street Address (P.O. Box Number is Not Acceptable)  
**TAMPA FL 33624**      **14501 ANCHORET RD**  
 City      State      Zip Code  
**TAMPA**      **FL**      **33624**

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: *Maria J. Gutierrez*      DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.       **FILE NOW!!! FEE \$150.00**  
 After May 1, 2002 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	<b>D</b> <input type="checkbox"/> Delete <b>GUTIERREZ, MARIA J</b> <b>14051 ANCHORET RD.</b> <b>TAMPA FL 33624</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14501 ANCHORET RD</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GUTIERREZ, ARAMIS</b> <b>14051 ANCHORET RD.</b> <b>TAMPA FL 33624</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14501 Anchoat Rd.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Maria J. Gutierrez*      Date: 2/24/02      Daytime Phone #: 813-961-9494  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)