

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

04-07-2002 90068 018 \*\*\*150.00

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

DOCUMENT # P01000116182  
 1. Entity Name  
Yzaguirre Tile & Marble, Corp

**DO NOT WRITE IN THIS SPACE**

**B0057681**

2. Principal Place of Business  
1421 NE 132 Rd

3. Mailing Address  
SAME

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

City & State  
North Miami FL

City & State

4. FEI Number  
65-1158851

Applied For  
 Not Applicable

Zip  
33161

Country  
Dade

Zip

Country

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name Pablo Yzaguirre  
 Street Address (P.O. Box Number is Not Acceptable)  
1421 NE 132 Rd  
 City North Miami FL Zip Code 33161

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 (X) Pablo Yzaguirre

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)

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
**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**

TITLE President  
 NAME Pablo Yzaguirre  
 STREET ADDRESS 1421 NE 132 Rd  
 CITY-ST-ZIP North Miami, FL 33161

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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: (X) Pablo Yzaguirre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02 (355)

Date

Daytime Phone #

CR2E034B (12/01)