

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001458

1. Entity Name
BATHTUB & TILE REGLAZERS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90099 029 ***150.00

Principal Place of Business 7005 N. WATERWAY DRIVE SUITE 304 MIAMI FL 33155	Mailing Address 7005 N. WATERWAY DRIVE SUITE 304 MIAMI FL 33144-1674
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7055 SW 17 TR.	3. Mailing Address 7055 SW 17 TR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State miami, FL	City & State miami, FL
Zip 33155	Country
Zip 33155	Country

4. FEI Number 65-0716346	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HUBBARD, AMALIA V
7005 N WATERWAY DR
STE 304
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name
Amalia V. Hubbard

Street Address (P.O. Box Number is Not Acceptable)
7055 SW 17 TR.

City
miami

State
FL

Zip Code
33155

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 *Amalia V. Hubbard* *Amalia V. Hubbard* *4-28-00*

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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUBBARD, AMALIA V 7055 S.W. 17 TERRACE MIAMI FL 33155 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HUBBARD, STEVE 7055 S.W. 17 TERRACE MIAMI FL 33155 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Amalia V. Hubbard* *Amalia V. Hubbard* *4-28-00* *305 261-8050*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/93)