

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90031 025 \*\*\*158.75

DOCUMENT # P97000029974

1. Entity Name  
**CDN TILE SETTER, INC.**

Principal Place of Business 118 NW 2ND ST. HALLANDALE FL 33009 US	Mailing Address 118 NW 2ND ST. HALLANDALE FL 33009 US
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2. Principal Place of Business <b>2031 NW 22ND ST</b> Suite, Apt. #, etc.	3. Mailing Address <b>2031 NW 22ND ST</b> Suite, Apt. #, etc.
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City & State <b>POMPANO BEACH FL</b>	City & State <b>POMPANO BEACH FL</b>
Zip <b>33069</b>	Zip <b>33069</b>
Country	Country

4. FEI Number **65-0743032** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent <b>BOGOVICIU, CAROL</b> 1100 NE 1ST CT #1 HALLANDALE FL 33309		7. Name and Address of New Registered Agent Name <b>BOGOVICIU CAROL</b> Street Address (P.O. Box Number is Not Acceptable) <b>2031 NW 22ND ST</b> City <b>POMPANO BEACH FL</b> Zip Code <b>33069</b>	
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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 *Carol Bogovicu* DATE Jan 4<sup>th</sup> 2001  
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 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	<b>D</b> <b>BOGOVICIU, CAROL</b> <b>301 N.E. 14 AVENUE #501</b> <b>HALLANDALE FL 33009</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>17623 NW 66th Ct.</b> <b>HALEAH FL 33015</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>AMORTEGUI, DOLLY</b> <b>301 N.E. 14 AVENUE #501</b> <b>HALLANDALE FL 33009</b> <input checked="" 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	<b>VP</b> <b>JESUS, MAR</b> <b>3501 N.E. 1ST TERRACE #B</b> <b>POMPANO FL 33064</b> <input checked="" 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
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: *Carol Bogovicu* DATE Jan 4<sup>th</sup> 2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0134152

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE