


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P99000025822</b> 1. Entity Name <b>HERNANDEZ TILE SERVICES INC.</b>			90073802
Principal Place of Business 14431 SW 50 LANE MIAMI, FL 33175		Mailing Address 14431 SW 50 LANE MIAMI, FL 33175	
2. Principal Place of Business <b>14471 SW 50 LN</b>		3. Mailing Address <b>14471 SW 50 LN</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami FLA</b>		City & State <b>Miami FLA</b>	
Zip <b>33175</b> Country		Zip <b>33175</b> Country	
4. FEI Number <b>65-0913447</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, ERIC 14431 S.W. 60TH LANE MIAMI, FL 33175		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>14471 SW 50 LN</b> City <b>Miami FL</b> Zip <b>33175</b>	
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  DATE _____ <small>Signature, title or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when necessary)</small>			
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. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, ERIC 14471 S.W. 60TH LANE MIAMI, FL 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDVP HERNANDEZ, ONELIO I 14431 SW 50 LANE MIAMI, FL 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 507, 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: 		DATE _____ Daytime Phone # _____	

CR2E034 (10/02)