

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90115 012 ***150.00

DOCUMENT # P98000090862

1. Entity Name
MIOTTO 2000 TILE & MARBLE WORKS, INC.

Principal Place of Business 926 26TH STREET WEST PALM BEACH FL 33407	Mailing Address 926 26TH STREET WEST PALM BEACH FL 33407
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0879406**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETERS, RUTH
 926 2TH STREET
 WEST PALM BEACH FL 33407**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ 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. (See criteria on back)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PETERS, RUTH		NAME:	
STREET ADDRESS: 926 26TH STREET		STREET ADDRESS:	
CITY-ST-ZIP: WEST PALM BEACH FL 33407		CITY-ST-ZIP:	
NAME: ZOLLO, CHRISTOPHER L		NAME:	
STREET ADDRESS: 926 26TH STREET		STREET ADDRESS:	
CITY-ST-ZIP: WEST PALM BEACH FL 33407		CITY-ST-ZIP:	
NAME: ANDERSON, DAVID T		NAME:	
STREET ADDRESS: 926 26TH STREET		STREET ADDRESS:	
CITY-ST-ZIP: WEST PALM BEACH FL 33407		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID T. ANDERSON 4/24/01 561-832-5511

Date Daytime Phone #

CR2E034 (10/00)