

FILED
May 29, 2002 8:00 am
Secretary of State

04-17-2002 90030 039 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **273553**

1. Entity Name
MIOTTO TERRAZZO & TILE, INC.

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

Mailing Address
926 - 26TH STREET
WEST PALM BEACH FL 33407



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country Zip Country

4. FEI Number **59-1030191**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~FLECK EGG, WILLIAM A~~
~~KRAMER, AL, FLECK, & CAROTHERS~~
~~8650 W INDIANTOWN RD STE 200~~
~~JUPITER FL 33458~~

Valentino P. Miotto
926 26th Street
West Palm Beach, Fl.
33407

7. Name and Address of New Registered Agent

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 VALENTINO P. MIOTTO *Valentino P. Miotto* 5/10/02

Signature, typed or printed name of registered agent and state 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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	P	<input type="checkbox"/> Delete
NAME	MIOTTO, VALENTINO P	
STREET ADDRESS	926 26TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	PETERS, RUTH	
STREET ADDRESS	926 126TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	MIOTTO, LILLIAM B	
STREET ADDRESS	926 26TH ST	
CITY-ST-ZIP	WEST PALM BCH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 another like empowered.

SIGNATURE: *Valentino P. Miotto* 4/05/02 561-832-2511

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

CR2E034 (9/01)