

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90128 040 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1030191**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIOTTO, VALENTINO P
926 26TH ST.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **VALENTINO P. MIOTTO**
PRER

Valentino P. Miotto Pra **2/25/03**
DATE

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P	<input type="checkbox"/> Delete
STREET ADDRESS	MIOTTO, VALENTINO P 926 26TH STREET WEST PALM BEACH FL	
TITLE NAME	VAS	<input type="checkbox"/> Delete
STREET ADDRESS	PETERS, RUTH 926 126TH STREET WEST PALM BEACH FL	
TITLE NAME	VTS	<input type="checkbox"/> Delete
STREET ADDRESS	MIOTTO, LILLIAM B 926 26TH ST WEST PALM BCH FL 33407	
TITLE NAME		<input type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: *William B. Miotto*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03 **561-832-2577**
Date Daytime Phone #

CR2E034 (10/02)