

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90146 011 ***150.00

DOCUMENT # 250092

1. Entity Name

PALM BEACH CLAY TILE COMPANY

Principal Place of Business

7166 INTERPACE RD.
 RIVIERA BEACH FL 33407-1024

Mailing Address

% JEFFERY ROY COHEN, ESQ.
 297 SUNNY ISLES BLVD.
 N. MIAMI BCH FL 33160-4208
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0942808

Applied For

Not Applicable

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

COHEN, JEFFERY R ESQ.
 297 SUNNY ISLES BLVD.
 N. MIAMI BCH. FL 33160

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

Signature of individual named in registered agent and new agent (if any)

Signature of Registered Agent (Signature required when registered agent is a corporation)

Date

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and agrees to do so
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Truth Fund Contribution ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

PD
MARTINEZ, R. FRANCISCO
1000 VENETIAN WAY
MIAMI FL 33139

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

PDS
COMPRES, RAFAEL L.
4012 S HEATH CIRCLE
WEST PALM BEACH FL 33407

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

D
DE ARTEAGA, MARIA M.
1000 VENETIAN WAY
MIAMI FL 33139

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(b), 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 or changes, or on an addendum with an address, with all other the employees.

SIGNATURE: **Francisco Martinez, Pres/Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2000

Signature

CR20034 (9/99)