

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 416512

1. Entity Name

RICATE TILE CORPORATION

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90129 040 \*\*\*158.75

Principal Place of Business

Mailing Address

16354 EAST EPSOM DRIVE  
LOXAHATCHEE FL 33470  
US

P.O. BOX 16346  
WEST PALM BCH. FL 33416-5946

A0039911



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
16354 E. EPSOM DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
LOXAHATCHEE FL

4. FEI Number 59-1429875

Applied For  
Not Applicable

Zip

Country

Zip  
33470

Country  
USA

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

SCAUZZO GIULIO  
16354 EAST EPSOM DRIVE  
LOXAHATCHEE FL 33470

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, typed or printed name of registered agent and title 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. ☐  
(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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPT  
SCAUZZO, GIULIO  
16354 E EPSOM DR  
LOXAHATCHEE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREASURER  
JOSETE L. SCAVUZZO  
16354 E. EPSOM DR  
LOXAHATCHEE FL 33470 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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: JOSETE L. SCAVUZZO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 561-795-4349  
Date Daytime Phone #

CR2E034 (9/99)