## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## 576069 **DOCUMENT #**

1. Entity Name

SUNRISE ITALIAN TILE & MARBLE, INC.



**FILED** Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90138 034 \*\*\*150.00

		•		<i>7</i>		
Principal Place of Business 2096 NORTH UNIVERSITY DR SUNRISE FL 33322-3937		Mailing Address 2096 NORTH UNIVERSITY DR SUNRISE FL 33322-3937		1 1981 EL CILLI 1881 EL CILL ER SI EL CILLE SELLE SELL		
2. Principal	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
				☐ CHECK HERE IF MAKING CHANGES		
City & Sta	ate	City & State		4. FEI Number 59-1829522	4. FEI Number 59-1829522 Applied For Not Applicable	
l Zìp	Zip Country Zip		Country	5. Certificate of Status Desired \$8.7	5 Additional	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent	equired	
00404	F00184 014B4		Name-	The Market of Hell Moglaciec Agent		
	ECCHIA, CLARA		Street Addre	P.O. Box Number is Not Acceptable)		
	UNIVERSITY DR			(		
SUNHISE	FL 33322					
		,	City	FL Zip	Code	
8. The above	e named entity submits this statement for	or the purpose of changing its	registered office or regis	istered agent, or both, in the State of Florida. 1 am familiar		
the obliga	tions of registered agent	, ,	regional annua of regi	istered agent, or both, in the state of Fiorica. I am familiar	with, and accept	
SIGNATURE						
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature req	quired when reinstating) DATE	<u> </u>	
F	FILE NOW!!! FEE IS \$150.00				<del></del>	
* Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	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 DIREC	TORS IN 11	
TITLE NAME	DP SDADAVECCUIA CLADA	☐ Delete	TITLE	☐ Cha		
STREET ADDRESS	SPADAVECCHIA, CLARA 2096 N. UNIVERSITY DR.		NAME		. –	
CITY-ST-ZIP	SUNRISE FL 33322		STREET ADDRESS CITY-ST-ZIP			
TITLE	DVP	☐ Delete	TITLE			
NAME	SPADAVECCHIA, ROBERTO	_ balon	NAME	☐ Cha	ange 🔲 Addition	
STREET ADDRESS	2096 N. UNIVERSITY DR.		STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL 33322		CITY-ST-ZIP	-		
TITLE NAME		☐ Delete	TITLE.	→ □ Char	nge 🗌 Addition	
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE			
NAME		5000	NAME	Chan	ige 🗌 Addition	
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS		- 1	
	Ortify that the information	11. CC	CITY-ST-ZIP			
indicated of the corp	on this report or supplemental report is poration or the receiver or trustee empore or trustee empore or or an attachment with an action or on an attachment with an action or	inis filing does not qualify for t true and accurate and that my wered to execute his report a other life.	the exemption stated in S r signature shall have the s required by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that it e same legal effect as if made under oath; that I am an offi 07, Florida Statutes; and that my name appears in Block 10	ne information cer or director 0 or Block 11 if	
3-21	war directions, w	in all other properties.	<b>&gt;</b>			

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR