

2005 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 614019

1. Entity Name
VILLAR TILE, INC.

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90304 044 ***150.00

Principal Place of Business
8974 SW 25TH ST
MIAMI FL 33165

Mailing Address
8974 SW 25TH ST
MIAMI FL 33165



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1890125		Applied For Not Applicable	
Suite, Apt. # etc.		Suite, Apt. # etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
VILLAR, RICARDO 8974 SW 25TH ST MIAMI FL 33165				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 _____ (NOTE: Registered Agent signature required when revisiting) DATE _____

9. This corporation is eligible to satisfy its intangible tax and report and elect 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VILLAR, RICARDO	NAME	
STREET ADDRESS	8974 SW 25TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VILLAR, LEONOR	NAME	
STREET ADDRESS	8974 SW 25TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05

Date

Signature of Officer or Director