

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90132 036 ***150.00

DOCUMENT # 640131

1. Entity Name
IBERIA TILES CORPORATION



Principal Place of Business
2975 NW 77 AVE
MIAMI FL 33122-1409

Mailing Address
2975 NW 77 AVE
MIAMI FL 33122-1409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **59-1925820**

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

RODRIGUEZ, FERNANDO
2975 NW 77 AVE
MIAMI FL 33122

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 _____ (NOTE: Registered Agent signature required when reinstating) **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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Delete**
NAME **CARDONA, RAMON SUGRANES**
STREET ADDRESS **2975 NW 77 AVE**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **CD** ☐ **Delete**
NAME **SUGRANES, ROSA**
STREET ADDRESS **2975 NW 77 AVE**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **PSDT** ☐ **Delete**
NAME **RODRIGUEZ-VILA, FERNANDO**
STREET ADDRESS **2975 NW 77 AVE**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ **Delete**
NAME **CUOGHI, CLAUDIO**
STREET ADDRESS **2975 NW 77 AVE**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ **Delete**
NAME **SUGRANES, MARCELINO**
STREET ADDRESS **2975 NW 77 AVE**
CITY-ST-ZIP **MIAMI FL 33122-1409**

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

TITLE **DIRECTOR** ☐ **Delete**
NAME **RONCAGLIA, DAVIDE**
STREET ADDRESS **2975 NW 77 AVE**
CITY-ST-ZIP **MIAMI FL 33122**

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

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: *[Signature]* **FERNANDO R. VILA, PRESIDENT 2/24/03 305-5913280**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** **Daytime Phone #**

CR2E034 (10/02)