

## 2000 UNIFORM BUSINESS REPORT (UBR)

5/13

FILED

Jun 08, 2000 8:00 am  
Secretary of State

05-13-2000 90037 005 \*\*\*150.00

DOCUMENT # 649877

1. Entity Name

A.C. TILE SETTING CORP.

Principal Place of Business

2702 W. WOODLAWN

4611 W. GAYUGA STREET

TAMPA FL 33607

US

Mailing Address

3201 ST. CONRAD STREET

TAMPA FL 33607-2133

US

2. Principal Place of Business

2702 W. WOODLAWN

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

TAMPA FL

City &amp; State

TAMPA FL

4. FEI Number

59-1959806

Applied For

Not Applicable

Zip

33607

Country

HILLSBOROUGH

Zip

33607

Country

FL

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CRUZ, HELEN

4611 W. GAYUGA

TAMPA, FL

33614

7. Name and Address of New Registered Agent

Name CRUZ, HELEN

Street Address (P.O. Box Number is Not Acceptable)

2702 W. Woodlawn Ave.

Tampa, FL. 33607

6823

City

FL

Zip Code 33607-6823

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 State10. Election Campaign Financing  
Trust Fund Contribution.☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CRUZ, AURELIO	
STREET ADDRESS	4611 W. GAYUGA	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CRUZ, HELEN	
STREET ADDRESS	4611 W. GAYUGA	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CRUZ, MICHELLE	
STREET ADDRESS	2702 W. WOODLAWN AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRUZ, HELEN	
STREET ADDRESS	4611 W. GAYUGA	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aurelio Cruz Sr.	
STREET ADDRESS	2702 W. Woodlawn Ave.	
CITY-ST-ZIP	Tampa, FL. 33607	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ HELEN	
STREET ADDRESS	2702 W. Woodlawn Ave. Tampa FL. 33607	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helen Cruz	
STREET ADDRESS	2702 W. Woodlawn Ave.	
CITY-ST-ZIP	Tampa, FL. 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Aurelio Cruz Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000

Date

870-1167

Daytime Phone #

CR2E034 (9/99)