

**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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2702 W. WOODLAWN**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**TAMPA FL**

City & State

4. FEI Number **59-1959806** Applied For  
 Not Applicable

Zip **33607** Country **HILLSBOROUGH** Zip Country

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Aurelio Cruz Sr. 2702 W. Woodlawn Ave. Tampa, FL. 33607	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRUZ HELEN 2702 W. Woodlawn Ave. Tampa FL. 33607	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Helen Cruz 2702 W. Woodlawn Ave. Tampa, FL. 33607	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Aurelio Cruz Sr. Date: 4/28/2000 Daytime Phone #: 870-1167

CR2E034 (9/99)