

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005438

1. Entity Name

SPANISH TILES USA, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90114 004 ***158.75

Principal Place of Business

2120 NW 92ND AVE.
MIAMI FL 33172

Mailing Address

2120 NW 92ND AVE.
MIAMI FL 33172-4805

2. Principal Place of Business

3785 NW 79 Avenue
Suite, Apt. #, etc.

3. Mailing Address

3785 NW 79 Avenue
Suite, Apt. #, etc.

City & State

Miami, Florida

Zip 33166

Country Dade

City & State

Miami, Florida

Zip 33166

Country Dade

4. FEI Number

13-3830558

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

David Ramos

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

10440 NW 48 Street

City

Miami,

FL

Zip Code

33178

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 State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CPT	<input type="checkbox"/> Delete
NAME	RAMOS, DAVID	
STREET ADDRESS	2120 NE 92ND AVE	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	CV	<input type="checkbox"/> Delete
NAME	GASCH, DAVID	
STREET ADDRESS	525 N. STATE ROAD	
CITY-ST-ZIP	BRIARCLIFF-MANOR NY 10510	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, ROBERTO R	
STREET ADDRESS	9220 SW 34TH ST.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	CPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, DAVID	
STREET ADDRESS	3785 NW 79th Ave	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ, BEGONA	
STREET ADDRESS	3785 NW 79th Ave	
CITY-ST-ZIP	MIAMI, FL 33166	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)