

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G30882**

1. Entity Name

BARRO CLAY TILE, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90009 020 ***150.00

Principal Place of Business

Mailing Address

13050 N.W. 30 AVENUE
 OPA-LOCKA FL 33054

13050 N.W. 30 AVENUE
 OPA-LOCKA FL 33054-5030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2273967

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MENDEZ, FERNANDO, JR.
~~10370 NW 135TH ST.~~
HIALEAH GARDENS FL 33016

CHANGE ADDRESS

Name

MENDEZ FERNANDO, JR.

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

3305 ALTON ROAD.

MIAMI BEACH.

FL 33140

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MENDEZ, FERNANDO, JR.	
STREET ADDRESS	10370 NW 135TH ST.	
CITY-ST-ZIP	HIALEAH GAR. FL 33016	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MENDEZ, MARGARITA	
STREET ADDRESS	10370 NW 135TH ST.	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ FERNANDO JR	
STREET ADDRESS	3305 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ MARGARITA	
STREET ADDRESS	3305 ALTON ROAD.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-00

Date

Daytime Phone #

CR2E034 (9/99)