

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90366 036 ***158.75

DOCUMENT # H12955

1. Entity Name
DELUCA TILE INC.

Principal Place of Business
**1126 NORTH ATLANTIC DRIVE
 LANTANA FL 33462**

Mailing Address
**1126 NORTH ATLANTIC DRIVE
 LANTANA FL 33462**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1783704**

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

**DELUCA, OLINDO
 1126 NORTH ATLANTIC DRIVE
 LANTANA FL 33462**

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.

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DELUCA, OLINDO 1126 NORTH ATLANTIC DR. LANTANA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELUCA, GLADYS 1126 NORTH ATLANTIC DR. LANTANA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELUCA, STEVEN 7215 159TH CT N PALM BCH GRDNS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELUCA, KENNETH 1126 N ATLANTIC DR LANTANA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILKERSON, JOHN 1126 NORTH ATLANTIC DRIVE LANTANA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: **STEVEN R. DE LUCA** *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01
 Date

561-575-3877
 Daytime Phone #

CR2E034 (10/00)