

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**

08-13-2001 90063 048 \*\*\*550.00

0298798

**DOCUMENT # J15619**

1. Entity Name

**SUN COAST TILE COMPANY INC.**

Principal Place of Business

3601 N. DIXIE HWY  
 BAY #17  
 BOCA RATON FL 33431  
 US

Mailing Address

3623 NW 24TH WAY  
 BOCA RATON FL 33431  
 US

**A0081053**

2. Principal Place of Business

**485 N.E. 20TH STREET**

Suite, Apt. #, etc.

3. Mailing Address

**485 N.E. 20TH STREET**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**BOCA RATON, FL**

Zip  
**33431**

Country  
**USA**

City & State

**BOCA RATON, FL**

Zip  
**33431**

Country  
**USA**

4. FEI Number

**59-2678642**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DECAPUA, HELENE**  
**32623 NW 24TH WAY**  
**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name  
**ANGELO DECAPUA**

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

**485 N.E. 20TH STREET**

City  
**BOCA RATON**

FL

Zip Code  
**33431**

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]*

**ANGELO DECAPUA**

**8/6/01**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DECAPUA, HELENE</b> <b>3623 NW 24TH WAY</b> <b>BOCA RATON FL 33431</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DECAPUA, HELENE</b> <b>771 NE 33RD ST</b> <b>BOCA RATON FL</b>	<input checked="" 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
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	<b>P/S/T/D</b> <b>ANGELO DECAPUA</b> <b>564012 ARBOR CLUB WAY</b> <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Change <input checked="" 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
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
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:

*[Signature]*

**ANGELO DECAPUA**

**8/6/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)