

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K53190****1. Entity Name**
E. & C. INTERNATIONAL TILES, INC.**FILED**
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90032 021 ***150.00

Principal Place of Business**% ARMANDO PARRA**
2620 SW 137 AVE
MIAMI FL 33175
US**Mailing Address****% ARMANDO PARRA**
2620 SW 137 AVE
MIAMI FL 33175
US**2. Principal Place of Business****3. Mailing Address****3037 N.W. 79 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State**City & State****MIAMI, FL****4. FEI Number****65-0086096****Applied For****Not Applicable****Zip****Country****Zip****Country****33122****MIAMI-DADE****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****PARRA, CARLOS L**
14307 S.W. 19 TERRACE
MIAMI FL 33175**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
PARRA, CARLOS L
14307 S.W. 19 TERRACE
MIAMI FL 33175 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
T
PARRA, CARLOS L.
14307 S.W. 19 TERRACE
MIAMI, FL 33175 ☐ Change ☒ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PARRA, ERNESTINA
13844 S.W. 15TH ST.
MIAMI FL ☒ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PARRA, ARMANDO
13844 S.W. 15 STREET
MIAMI FL 33180 ☒ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
T
PARRA, MARGARITA
14307 S.W. 19 TERRACE
MIAMI FL ☒ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
VD/SD
PARRA, MARGARITA.
14307 S.W. 19 TERRACE
MIAMI, FL 33175 ☒ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/2001

Date

(305) 477-8227

Daytime Phone #

CR2E034 (10/00)