

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K88423

1. Entity Name
CUBA-TILE, INCORPORATED



FILED
05 JAN 20 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

12436 SW 203 TERR
MIAMI, FL 33177

Mailing Address

12436 SW 203 TERR
MIAMI, FL 33177

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192005

REIN-P

CR2E098 (6/04)

4. FEI Number

65-0118884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POUZA, RICARDO
12436 SW 203 TERR
MIAMI, FL 33177

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ricardo Pouza

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE * PSTD
NAME * POUSA, RICARDO ☐ Delete
STREET ADDRESS 12436 SW 203 TERR
CITY-ST-ZIP MIAMI, FL

TITLE * ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE * ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Miami, FL 33177

TITLE * ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * ☐ Change ☐ Addition
NAME 000045448880
STREET ADDRESS 01/26/05--01039--008 **300.00
CITY-ST-ZIP

TITLE * ☐ Change ☐ Addition
NAME REINSTATEMENT 04/05
STREET ADDRESS
CITY-ST-ZIP

TITLE * ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ricardo Pouza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #