

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005306

1. Entity Name
CERAMICS PLUS LLC

FILED

01 SEP 28 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
119 KRUEGER ST.
ORLANDO FL 32839

Mailing Address
119 KRUEGER ST.
ORLANDO FL 32839

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip Country Zip Country

4. FEI Number
65-1007436
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

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-10/03/01--01077--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BERRY, DEBORAH A 5851 SOUTHWEST 9TH TERRACE CORAL GABLES FL 33144-5014 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PARCHMENT, CONROY 5851 SOUTHWEST 9TH TERRACE CORAL GABLES FL 33144-5014 | <input type="checkbox"/> Delete |
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DEBORAH BERRY 09/20/01 (407)438-1152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (5/01)