2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000002652

1. Entity Name

SUNCOAST TILE, L.L.C.



FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90091 010 ****50.00

| | | | | هندي | | | | | | |
|---|---|--|---|---|----------------------------------|----------------------------------|--------------|--------------------|---------------------------|--|
| Principal Place of Busines | SS | Mailing Address | | | | | | | | |
| 485 N.E. 20TH ST. | | 485 N.E. 20TH ST. BOCA RATON FL 33431 | | | | | | | | |
| | | | | | | | | a klada aktal a | INE HER KEEK | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | |
| SAME AS ABOUT | | SAME AS ABOUT | | | | | | •• | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | City & State | | | 4. FEI Number | 74-3027 | 055 | | plied For t Applicable | |
| Zip | Country | Zip Country | | | 5. Certificate of Status Desired | | | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | |
| JAFRY, SYED | | | | Name | | | | | | |
| 22449 MIDDLETOWN DR. | | | Street A | ddress (P | O. Box Numbe | er is Not Acceptable) | | _ | | |
| BOCA RATON FL 33428 | | | | | <u></u> | | | | | |
| • | | | City | | ···· | | | Zip Code | | |
| | | | | | | | <u>FL</u> | ļ <u>.</u> | | |
| The above named enti the obligations of regis | ty submits this statement for tered agent. | the purpose of changing its r | egistered office o | r registere | ed agent, or bot | h, in the State of Florid | da. I am fa | miliar with, | and accept | |
| SIGNATURE | or printed name of registered agent an | d title it applicable. (NOTE: | Registered Agent signat | ture required v | when reinstating) | | DATE | | | |
| | | ·T | | | | | | | | |
| | | | W!!! FEE IS \$ | | n of Chata | | | | | |
| | | Make Check Payable | By May 1, 200 | _ | it of State | | | | | |
| | MANAGING MEMBER | | 10. | | | ADDITIONS/C | HANCEC | | | |
| 9. | WANAGING WEWDER | | TITLE | Mana | ging Men | | | Change | Addition | |
| TITLE NAME | | ☐ Delete | NAME | SVF | JAFI | | -1 | - Change | ☐ Addition | |
| STREET ADDRESS | | | STREET ADDRESS | 22440 | a middle | town Drive | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Boca | Ratm, | town Drive Flouda 334 | 128 | | | |
| TITLÉ | | ☐ Delete | TITLE | MAR | | | | Change | ☐ Addition | |
| NAME | | | NAME | 3180 | zj Sheith | 4 pout | | | { | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | 10/10 | ut Chest | t east ier, PA 19 | 780 | | | |
| TITLE | <u> </u> | Delete | TITLE | | | | | ☐ Change | Addition | |
| NAME | | | NAME | Pem | con Inte | national 1 | nc. | | _ | |
| STREET ADDRESS | | • | STREET ADDRESS | 485 | NE 20 | " Street | | , · • = | | |
| CITY-ST-ZIP | <u> </u> | · | CITY-ST-ZIP | | | FL 3343 | <u>'</u> | · | | |
| TITLE | | □ | TITLE | MG | 0 | | | Change | ☐ Addition | |
| RIABIC | | ☐ Delete | | Z | Dealer. | Tabel | | Change | | |
| NAME | | ∟ Delete | NAME. | Syea | [Abol | Jafyi Street | Apt | 301 | } | |
| STREET ADDRESS | | ∟ Delete | NAME STREET ADDRESS | 295 | 1962 29 SW | Jafri 66th Street | APT | 301 | | |
| STREET ADDRESS CITY-ST-ZIP | *************************************** | | NAME STREET ADDRESS CITY-ST-ZIP | 295 | 1962 29 SW | Jafyi 66 th Street FL 3342 | , Apt 28 | 301 | Addition | |
| STREET ADDRESS CITY-ST-ZIP TITLE | | ☐ Delete | NAME STREET ADDRESS CITY-ST-ZIP TITLE | 295 | 1962 29 SW | Jafyi 664: Street FL 3342 | , Apt 28 | 30 / | Addition | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | Marry Ma | | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | 295 | 1962 29 SW | Jafyi 664: Street FL 3342 | , Apt 28 | 301 | ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP TITLE | | | NAME STREET ADDRESS CITY-ST-ZIP TITLE | 295 | 1962 29 SW | Jafyi 66 th Street FL 3342 | , Apt 28 | 301 | Addition | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | 295 | 1962 29 SW | Jafyi 664: Street FL 3342 | t, Apt 28 | 301 | Addition | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | · · | ☐ Delete | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 295 | 1962 29 SW | Jafyi 664: Street FL 3342 | t, Apt 28 | 30 l □ Change | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | ☐ Delete | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | 295 | 1962 29 SW | Jafyi 66 4: Street FL 3342 | t, Apt 28 | 30 l □ Change | | |

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: SIGNATURE AND APPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER OR ALL

4-29-03 561-368-7944