

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90112 001 \*\*\*150.00

DOCUMENT # L 26002

1. Entity Name

MICHAEL'S CERAMIC TILE, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

329 E WALLANDALE BEACH BLVD

Suite, Apt. #, etc.

3. Mailing Address

329 E WALLANDALE BEACH BLVD

Suite, Apt. #, etc.

City & State

WALLANDALE FL

City & State

WALLANDALE FL

Zip

33009

Country

USA

Zip

33009

Country

USA

4. FEI Number

65-0153203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

14016658

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

BIVONA MICHAEL

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

1111 NE 202 ST

City

NORTH MIAMI BEACH FL

Zip Code

33161

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
BIVONA MICHAEL  
1111 NE 202 ST  
NORTH MIAMI BEACH FL 33125

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
BOMBARA LUCIANO  
11040 NW 15 CT  
PEMBROKE PINES FL 33026

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

MICHAEL BIVONA

4 29 05 954 4570420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)