

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91179 016 \*\*\*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 HALLANDALE BEACH BLVD

3. Mailing Address

329 E HALLANDALE BEACH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALLANDALE FL

City & State

HALLANDALE FL

4. FEI Number

65-0153203

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

33009

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

BIVONA, MICHAEL

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

1111 NE 202 STREET

City

NORTH MIAMI BEACH

FL

Zip Code

33161

**DO NOT WRITE  
IN THIS SPACE**

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 DP  
NAME BIVONA, MICHAEL  
STREET ADDRESS 1111 NE 202 ST  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

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

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CITY-ST-ZIP

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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:

*Luciano Bombardi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUCIANO BOMBARDI 43003 934 4570420

Date

Daytime Phone #

CR2E034B (12/02)