

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2001 8:00 am**  
**Secretary of State**

08-01-2001 90200 025 \*\*\*550.00

**DOCUMENT # L30345**

1. Entity Name

**ATLANTIC TILE CONTRACTOR, INC.**

Principal Place of Business

**2681 WEST 76 ST  
HIALEAH FL 33016  
US**

Mailing Address

**2681 W 76 STREET  
HIALEAH FL 33016  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0154622**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANCO, DELFIN**

**93 W 43RD ST**

**HIALEAH FL 33012**

Name

**Alejandro Henriquez**

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

**6850 Sunrise Ct.**

City

**Coral Gables**

**FL**

Zip Code

**33133**

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

*[Signature]*

**President**

**07-24-01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**

**After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Delete  
NAME **BLANCO, DELFIN**  
STREET ADDRESS **90 W 43RD ST**  
CITY-ST-ZIP **HIALEAH FL**

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

TITLE ☐ Delete  
NAME **DVT**  
STREET ADDRESS **HENRIQUEZ, ALEJANDRO**  
CITY-ST-ZIP **90 W 43RD ST  
HIALEAH FL**

TITLE ☒ Change ☐ Addition  
NAME **DP**  
STREET ADDRESS **ALEJANDRO HENRIQUEZ**  
CITY-ST-ZIP **6850 Sunrise Ct  
Coral Gables, FL 33133**

TITLE ☐ Delete  
NAME **DS**  
STREET ADDRESS **BLANCO, ORLANDO**  
CITY-ST-ZIP **1463 W 83 ST  
HIALEAH FL**

TITLE ☒ Change ☐ Addition  
NAME **DVT**  
STREET ADDRESS **ORLANDO BLANCO**  
CITY-ST-ZIP **8325 NW 157 Terr  
MIAMI LAKES, FL 33016**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07-24-01 305 824 9908**

Date

Daytime Phone #

0021267 AV

CR2E034 (5/01)