## **2001 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # L9500000668  1. Entity Name  IBERIA TILES INTERNATIONAL, L.C.						FILED			
IDENIA II	ILLO IIVI LINVA NOIVAL, L.O.	· 2			:	,		2	
Principal Place of Business Mailing Address						OI JAN 25 PM 12: 40			
2975 N.W. 77TH AVE. MIAMI FL 33122		2975 N.W. 77TH AVE. MIAMI FL 33122				SECRETARY OF STATE TABLE AHASSEE, FLORIDA			
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2. Principal Place of Business		3. Mailing Address			T 1 HEBUTETI DID HEBU DITU BETTU				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FE11	Number 65-0621589		oplied For ot Applicable	]
Zip Country		Zip Country		itry	5. Certificate of Status Desired Specificate of Status Desired Fee Required				1
	6. Name and Address of Current F	l Registered Agent	L		7. Nam	e and Address of New Registered	<u> </u>		} .
RODRIGUEZ-VILA, FERNANDO 2975 N.W. 77TH AVE.				Street Address	ess (P.O. Box Number is Not Acceptable)				
MIAMI FL	33122						·····		
				City	FL Zip Code				
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or registe	ered agent,	or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signature require	ed when reinstat	ing) DATE			
	,								1
		Make Check Pa		FEE IS \$50.00 o Department					
9.	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/CHANGE	<u> </u>		-
TITLE	MGRM	☐ Delete	TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Chánge	☐ Addition	8
NAME STREET ADDRESS	RODRIGUEZ-VILA, FERNANDO 2975 N.W. 77TH AVE.		NAM! STRE	E . Et address					E083 (11/00)
CITY-ST-ZIP	MIAMI FL 33122	· · · · · · · · · · · · · · · · · · ·	1	-ST-ZIP					
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STREET ADDRESS				ET ADDRESS					
_CITY_ST_ZIP	<u> </u>		_	ST-ZIP	<del></del>	900002501	229-		
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STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP		AMAMAMACK CO		St. B. Varvar	
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NAME STREET ADDRESS			NAME	E Et address		10/			
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NAME		Dolloto	NAME	:			0,,,,,,,,,,,		
STREET ADDRESS CITY-ST-ZIP				ST-ZIP					ĺ
11. I hereby certify that the information supplied with this fling 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 the 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 trustae empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Desyling Phone #									
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