

2000 UNIFORM BUSINESS REPORT (UBR)

0006292 AF

DOCUMENT # L98000001618

1. Entity Name
TITAN STONE, TILE & MASONRY OF FLORIDA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 12:32

mf 3/22/00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
790 NW 27TH AVE
FORT LAUDERDALE FL 33311

Mailing Address
790 NW 27TH AVE
FORT LAUDERDALE FL 33311-6639

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0866051

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARINA, JOSEPH L
790 NW 27TH AVE
FORT LAUDERDALE FL 33311

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FARINA, JOSEPH L
790 NW 27TH AVE
FORT LAUDERDALE FL 33311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGER
JOSEPH FARINA, JR.
790 N.W. 27th AVE.
FT. LAUDERDALE, FL 33311 MGRM ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGER
JAMES BLAIR
790 N.W. 27th AVE.
FT. LAUDERDALE, FL 33311 MGR ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
200003191792-3
-03/31/00--01064--001
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
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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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/17/00

(954) 316-0272

Date

Daytime Phone #

65/61 310 23