

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001618**

1. Entity Name

TITAN STONE, TILE & MASONRY OF FLORIDA, L.L.C.

Principal Place of Business

**790 NW 27TH AVE
FORT LAUDERDALE FL 33311**

Mailing Address

**790 NW 27TH AVE
FORT LAUDERDALE FL 33311**

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

65-0866051

Applied For

Not Applicable

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
MGR ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**6000003813815-05
-03/09/01--01021--005
*****50.00 *****50.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BLAIR, JAMES
790 NW 27TH AVE
FORT LAUDERDALE FL 33311** ☐ Delete

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

TITLE
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☐ Change ☐ Addition

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
JAMES BLAIR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
01 MAR -1 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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