

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M42212

1. Entity Name

SAN TILE, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90226 015 ***158.75

Principal Place of Business

Mailing Address

~~2021 S.W. JUDITH LANE~~

~~2021 S.W. JUDITH LANE~~

~~PORT ST. LUCIE FL 34953-1966~~

~~PORT ST. LUCIE FL 34953-1966~~

US

US

2. Principal Place of Business

3. Mailing Address

9455, 108th AVE

9455, 108th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#180

#180

City & State

City & State

VERO BEACH, FL

VERO BEACH, FL

Zip

Country

Zip

Country

32967 -

USA

32967

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LABOSSIERE, MARC

122 NE 4TH AVE

FT LAUDERDALE, FL

HOLLYWOOD FL 33304

Name

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

122, NE 4th AVE

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

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	ST	<input type="checkbox"/> Delete
NAME	FALARDEAN, DIANE	
STREET ADDRESS	2021 SW JUDITH LN	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	PC	<input type="checkbox"/> Delete
NAME	CHOVINARD, ALAIN	
STREET ADDRESS	2021 SW JUDITH LANE	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALARDEAU, DIANE	
STREET ADDRESS	9455, 108 th AVE, #180	
CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9455, 108 th AVE, #180	
CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Diane Falardeau DIANE FALARDEAU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/00 (56) 388-6173
Date Daytime Phone #

FILED 04/18/2000