

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M59429**

1. Entity Name

AMERICAN TILE & MARBLE CORP.**FILED**
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90008 015 ***150.00

Principal Place of Business

2789 FOREST HILL BLVD.
WEST PALM BEACH FL 33406

Mailing Address

2789 FOREST HILL BLVD.
WEST PALM BEACH FL 33406-5955

00019286



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0033858

Applied For
Not Applicable

Zip

Country

Zip

Country

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~~ESCALADA, ALFREDO
2212 PARK STREET
LAKE WORTH FL 33460New Address
Same as below
↓ #11Name Same

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

149 Martin Circle

Royal Palm Beach FL 33411

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ESCALADA, ALFREDO	
STREET ADDRESS	149 MARTIN CIR	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ESCALADA, CLAUDIO	
STREET ADDRESS	2212 PARK STREET	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ESCALADA, DONNA M	
STREET ADDRESS	149 MARTIN CIR	
CITY-ST-ZIP	ROYAL PALM CIR BCH FL 33411	
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		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna M. ESCALADA

Date 2-7-00

Daytime Phone #

561-433
3841