

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**  
 03-12-2001 90029 015 \*\*\*150.00

0285150

**DOCUMENT # M59429**

1. Entity Name  
**AMERICAN TILE & MARBLE CORP.**

Principal Place of Business  
**2789 FOREST HILL BLVD.  
 WEST PALM BEACH FL 33406**

Mailing Address  
**2789 FOREST HILL BLVD.  
 WEST PALM BEACH FL 33406**

**728786**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*No Change*  
 Suite, Apt. #, etc.

3. Mailing Address  
*No Change*  
 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**

**ESCALADA, ALFREDO  
 149 MARTIN CIRCLE  
 ROYAL PALM BEACH FL 33411**

**7. Name and Address of New Registered Agent**

Name *No Change*  
 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

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, 2001 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**

TITLE **PD** ☐ Delete  
 NAME **ESCALADA, ALFREDO**  
 STREET ADDRESS **149 MARTIN CIR**  
 CITY-ST-ZIP **ROYAL PALM BCH FL 33411**

TITLE **VD** ☐ Delete  
 NAME **ESCALADA, CLAUDIO**  
 STREET ADDRESS **2212 PARK STREET**  
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE **S** ☐ Delete  
 NAME **ESCALADA, DONNA M**  
 STREET ADDRESS **149 MARTIN CIR**  
 CITY-ST-ZIP **ROYAL PALM CIR BCH FL 33411**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:**

*Donna Escalada*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-31-01 561-433-3841**  
 Date Daytime Phone #

CR2E034 (10/00)