2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000000382 1. Entity Name SIBARRO TILE SERVICES, INC. Mailing Address Principal Place of Business 8455 S.W. 43 TERRACE S.W. 43 TERRACE FL 33155 MIAMI FL 33155 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

6. Name and Address of Current Registered Agent

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

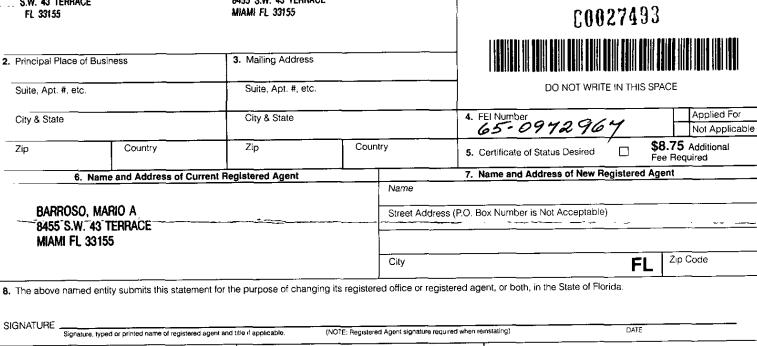
BARROSO, MARIO A

SIGNATURE

8455 S.W. 43 TERRACE **MIAMI FL 33155**

FILED Mar 01, 2000 8:00 am Secretary of State

03-01-2000 90094 008 ***150.00



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		Trust Fund Contribution. Added t		0 May Be to Fees	
11. OFFICERS AND DIRECTORS			12. A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIVERIO, PEDRO E 8455 S.W. 43 TERRACE MIAMI FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	CR2E034 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIVERIO, MARIA P 8420 S.W. 43 TERRACE MIAMI FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARROSO, MARIO 6870 S.W. 19 STREET MIAMI FL-33155	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	-VSD - BARROSO, HAYDEE H 6870 S.W. 19 STREET MIAMI FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	- noilibbA -	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARROSO, MARIO A 6870 S.W. 19 STREET MIAMI FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY_ST_7IP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change	☐ Addition	

Name

City

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 a 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 the empowered.

SIGNATURE: -

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR