

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 28 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P00 000016546

1. Entity Name

Euro Tile Outlet Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3863 S Nova Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Port Orange

City & State

FL

4. FEI Number

59-3634332

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Samira Mirzai Barzi

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

5806 West Port Dr.

City

Port Orange

FL

Zip Code

32127

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)

5-7-02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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 Pres
NAME Samira Mirzai Barzi
STREET ADDRESS 5806 Westport Dr
CITY - ST - ZIP Port Orange, FL 32127

TITLE V-Pres
NAME Juan Coss
STREET ADDRESS 5806 Westport Dr.
CITY - ST - ZIP Port Orange, FL 32127

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Juan Coss

5-7-02

386-300-0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034B (12/01)

gr 6/7/02