FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILI	ΞD
28	AM

1					1 11111		
DOCUMENT # P00 0001 (540			00.	COMEY OD AN O. O.			
1. Entity Name			021	02 MAY 28 AM 9: 24			
	$C \rightarrow C$	LITA		***			
Euro Tile Outlet Inc			SE	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
İ				iALI	LAHASSEE, FLC	DRIDA	
	DO NOT WRITE	IN THIS SI	PACE	· .			
	Place of Business	3. Mailing Address		******			
380	3	Suite Ant # etc	<u>-</u>		WOITE IN THE COAG	-	
Suite, Apt. #, etc. Suite, Apt. #, etc.		•	. DO NOT WRITE IN THIS SPACE		L.		
etty & State City & State		·	4. FEI Number		Applied For		
10(1	Country	7in	Causatan	59-3634		Not Applicable	
์ รื่อเล	27	Zip	Country	5. Certificate of Status Des		5 Additional Required	
	•	· · · · · · · · · · · · · · · · · · ·		7. Name and Address of Cu	rrent Registered Age	nt	
	DONOT M	DITE	Name ,	Samira Mirz	ai Burzi		
	DO NOT W	•	Street Add	fress (P.O. Box Number is Not Acce	(P.O. Box Number is Not Acceptable)		
•	IN THIS SP	ACE		5806 West	FORT 14.		
			City			in Codo	
				Port Orange		in Code 32/27	
8. The above	e named entity submits this statement for	the purpose of changing its	registered office or re	egistered agent, or both, in the State	of Florida.		
r SIGNATURE	amira	mo	· ·		5-7-02		
JONATORE	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE	Registered Agent signature	required when reinstating)	DATE		
	oration is eligible to satisfy its intangible	January 1 - M	ay 1 Fee is \$150.0 1, Fee is \$550.00	10. Election Campaid	a Financino	¢	
	requirement and elects to do so.	Amended	UBR is \$61.25	Trust Fund Contr	· -	\$5.00 May Be Added to Fees	
(Make Check Baugh					
11.	OFFICERS AND I		le to Department o	of State			
11.	OFFICERS AND E	DIRECTORS	TITLE	f State			
TITLE NAME	Pres Samira Minzai	Barzi	TITLE NAME	of State		12/01	
TITLE	Pres Samira Minzai 5000 Westpor	Barzi Tr	TITLE NAME STREET ADDRESS		,, g, g ,	1 (12/01)	
TITLE NAME STREET ADDRESS	Pres Samira Minzai 5006 Westpor Port Orange	Barzi Tr	TITLE NAME STREET ADDRESS CITY - ST - ZIP		0 57 543		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres Samira Minzai 5006 Westpor Port Orange, V-Pres Juandoss	Barzi + Dr + I 39197	TITLE NAME STREET ADDRESS	7000:	057543 671170201 ***150.00 >		
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	Pres Samira Minzai 5000 Westpor Port Orange V-Pres Juan doss 5000 Westpor	Barzi FD 39197 + Dr.	TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	7000:	05754 3 671170201 ***150.00 >	:0758 103009	
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres Samira Minzai 5006 Westpor Port Orange, V-Pres Juandoss	Barzi FD 39197 + Dr.	TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	7000:	05754 3 67170201 ***150.00 >		
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	Pres Samira Minzai 5000 Westpor Port Orange V-Pres Juan doss 5000 Westpor	Barzi FD 39197 + Dr.	TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	7000:	057543 5/11/0201 ***150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Pres Samira Minzai 5000 Westpor Port Orange V-Pres Juan doss 5000 Westpor	Barzi FD 39197 + Dr.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	7000: -U **	***150.00 °	:O 7' 5 8 103009 ****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Samira Minzai 5000 Westpor Port Orange V-Pres Juan doss 5000 Westpor	Barzi FD 39197 + Dr.	TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	7000: -U **	057543 8/11/0201 ***150.00 *	:O 7' 5 8 103009 ****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS	Pres Samira Minzai 5000 Westpor Port Orange V-Pres Juan doss 5000 Westpor	Barzi FD 39197 + Dr.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	70001 ** DO NO	***158.00	:O 7' 5 8 103009 ****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Samira Minzai 5000 Westpor Port Orange V-Pres Juan doss 5000 Westpor	Barzi FD 39197 + Dr.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	70001 ** DO NO	***150.00 °	:O 7' 5 8 103009 ****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Pres Samira Minzai 5000 Westpor Port Orange V-Pres Juan doss 5000 Westpor	Barzi FD 39197 + Dr.	TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME TITLE NAME TITLE NAME	70001 ** DO NO	***158.00	:O 7' 5 8 103009 ****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Pres Samira Minzai 5000 Westpor Port Orange V-Pres Juan doss 5000 Westpor	Barzi FD 39197 + Dr.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	70001 ** DO NO	***158.00	:O 7' 5 8 103009 ****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Samira Minzai 5000 Westpor Port Orange V-Pres Juan doss 5000 Westpor	Barzi FD 39197 + Dr.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	70001 ** DO NO	***158.00	:O 7' 5 8 103009 ****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Pres Samira Minzai 5000 Westpor Port Orange V-Pres Juan doss 5000 Westpor	Barzi FD 39197 + Dr.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	70001 ** DO NO	***158.00	:07'58 103009 ****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Pres Samira Minzai 5000 Westpor Port Orange V-Pres Juan doss 5000 Westpor	Barzi FD 39197 + Dr.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	70001 ** DO NO	***158.00	:07'58 103009 ****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Pres Samira Minzai 5000 Westpor Port Orange V-Pres Juan doss 5000 Westpor	Barzi FD 39197 + Dr.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	70001 ** DO NO	***158.00	:07'58 103009 ****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Pres Samira Minzai 5000 Westpor Port Orange V-Pres Juan doss 5000 Westpor	Barzi FD 39197 + Dr.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	70001 ** DO NO	***158.00	:07'58 103009 ****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fres Samira Minzai 5806 Westpor Port Orange V-Pres Tuan doss 5806 Westpor Port Orange,	DIRECTORS Barzi FI 39197 FPr. FI 39197	TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NO IN THIS	T WRITE	103-009 ****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. 1 hereby c indicated of the cor	Exertify that the information supplied with the on this report or supplemental report is to portation or the receiver or trustee emporation or the	his filling does not qualify for true and accurate and that my wered to execute this report	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DO NO IN THIS	T WRITE S SPACE	the information	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. 1 hereby c indicated of the cor	Extity that the information supplied with the information supplied	his filling does not qualify for true and accurate and that my wered to execute this report	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PIDIDION ** ** ** ** ** ** ** ** ** **	T WRITE S SPACE Stes. I further certify that der oath; that I am an an any name appears in Bio	the information officer or director ock 17 or on an	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. 1 hereby c indicated of the cor	Exertify that the information supplied with all on this report or supplemental report is to portation or the receiver or trustee emporation or the receiver or trustee emporation or the receiver or trustee emporation and address, with all other like emporation.	his filling does not qualify for true and accurate and that my wered to execute this report	TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP	PIDIDION ** ** ** ** ** ** ** ** ** **	T WRITE S SPACE	the information officer or director ock 17 or on an	