2004 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT# P0000018796 1. Entity Name | | | | | | FILED | | | | |
|--|---|---------------------------------|-------------|--|---------------------------|---|-------------------------|-----------------------------|-------------------------|--|
| SHALOM TILE CORPORATION | | | | | | 04 FEB - 9 PM (| | | | |
| Principal Place of Business Mailing Address | | | | SECKE WRY OF STATE TALLARASSEE FLORIDA | | | | | | |
| 9814 BERN | WOOD PLACE DRIVE # 108 | 9814 BERNWOOD PLACE DRIVE # 108 | | | | | " NUA | | | |
| FT. MYERS FL 33912 | | FT. MYERS FL 33912 | | | | | | | | |
| 2. Principal Pl | ace of Business | 3. Mailing Address | | | | NSTATEM | MT. | 73-0 |)4 | |
| Suite Apt. | #, etc, | Suite. Apt. #. etc. | | | TEL | To Not Walte | IN THIS GPA | CE TO | | |
| City & Stale | 9 | City & State | | | 4. F | El Number 65-0980917 | | | olied For Applicable | |
| Zip Country | | Zip Countr | | try | 5. C | ertificate of Status Desired | | .75 Addit Required | tional | |
| | 6. Name and Address of Current F | legistered Agent | Name | 7. N | ame and Address of New Re | gistered Age | nt | | | |
| TAX HOUSE CORPORATION | | | | | | | | | | |
| 3929 N. FEDERAL HWY. | | | | Street Address (P 0. Box Number is Not Acceptable) | | | | | | |
| POMPANO BEACH FL 33064 | | | | | | | | | | |
| | | | | 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:Registere Agent signature required when reinstating) OATE | | | | | | | | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW! FEE After MAY 1, 2004 Fee Make Check Payable to E | | | | will be \$550. | | 10. Election Campaign Fina Trust Fund Contribution | | |) May Be to Fees | |
| 11. | OFFICERS AND I | | 12. | | AD | DITIONS /CHANGES TO OFFI | | | - | |
| NAME . | PDS DIAS, LUIZ C 9814 BERNWOOD PLACE DRIVE # 10 FORT MYERS, FL 33912 | □ Delete | | | | 3000286 02/12/0401038- | 613 <u>2</u> -003 ** | 1 53 -19• 1300.01 | Addition | |
| TITLE | VTD | ☐ Delete | TITL | Ε | ······ | | | Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | DIAS, MIRIAN 9814 BERNWOOD PLACE DRIVE # 10 | 98 | | E EET ADDRESS /-ST-ZIP | | | | | : | |
| TITLE | FORT MYERS, FL 33912 DIRECTOR Delete | | | | | | |] Change | Addition | |
| NAME | DA SILVA, ISRAEL | | NAM | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | 9814 BERNWOOD PLACE DRIVE # 10 FORT MYERS, FL 33912 | 08 | | - ST- ZIP | | | | | | |
| TITLE | | ☐ Delete | דודע | | | | | Change | Addition | |
| NAME STREET ADDRESS | | | NAM STRE | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | '- ST- ZIP | | | | 1 | T1 | |
| NAME | | L Delete | TITL NAM | | | | _ | Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | 1 | EET ADDRESS Y-ST-ZIP | | | | • | | |
| TITLE | | Delete | TITL | E | | | |] Change | Addition | |
| NAME STREET ADDRESS | | | NAM STRI | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | i i | Y-ST-ZIP | | | | | | |
| 13. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered. | | | | | | | | | | |
| SIGNATURE: Keridi | | | | | | 02 | 0304 | 2396 | 334 <i>886</i> | |
| SIGNAI | | PRINTED NAME OF SIGNING | OFFICE | R OR DIRECTO | R | <u> </u> | Date | Dayti | me Phone # | |

FLORIDA DEPARTMENT OF STATE Division of Corporation 2003 Uniform Business Report (UBR) P.O. BOX 6327 Tallahassee, FL 32314

Re:

50 × ×

Filing of Uniform Business Report 2003

P00000018796

SHALOM TILE CORPORATION

To Whom It May Concern:

This letter is to inform you that we have never received a Uniform Business Report form by the mail, for this reason my company became inactive.

We would like to request you that you forgive all extra fees and penalties and accept the filling of our attached Annual Business Report Form from 2003 and also 2004, which has been prepared by our accountant.

Any questions or concern, feel free to contact our accountant at (239) 418-0829 and speak to Mr. Breno Gomes.

Sincerely,

Lanz Carlos Dias - President SHALOM TILE CORPORATION.