

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P 00000019417

1. Entity Name

R & N BRICK & TILE, INC.

FILED

04 MAR -3 AM 10:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

W04-6783

Principal Place of Business
300 SE 11TH STREET

Mailing Address
300 SE 11TH STREET

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

REINSTATEMENT 01-04
DO NOT WRITE IN THIS SPACE

City & State
DEERFIELD BEACH

City & State
DEERFIELD BEACH

4. FEI Number
65-0981816

Applied For
Not Applicable

Zip
33441

Country
USA

Zip
33441

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

ROBERTO NASCIMENTO
300 SE 11TH STREET
DEERFIELD BEACH, FL 33441

Name

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 renewing)

(954)234-5867

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, 2004 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P/N/S/T
ROBERTO NASCIMENTO
300 SE 11TH STREET
DEERFIELD BEACH-FL 33441 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
U00000034625
02/05/04-80091-029 600.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
400029817084
03/03/04-01054-008 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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 qualified 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/04 (954)234-5867