2001 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2001 8:00 am Secretary of State DOCUMENT # P00000022776 RIO TILE & MARBLE, INC. 05-11-2001 90455 036 ***150.00 Principal Place of Business Mailing Address 4145 PELICAN BOULEVARD 4145 PELICAN BOULEVARD CAPE CORAL FL 33914 CAPE CORAL FL 33914 2. Principal Place of Business 3. Mailing Address Brunen Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State. City & State- -Applied For 65-0987243 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired E 6 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, WILLIAM R Street Address (P.O. Box Number is Not Acceptable) 8191 COLLEGE PARKWAY SUITE 300 FORT MYERS FL 33919 Zip Code FL 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE President ☐ Delete TITLE Director ☐ Addition PERNA, JOHN A NAME NAME JohnAberny STREET ADDRESS 4145 PELICAN BOULEVARD 5219-4 Cecare Bend DR STREET ADDRESS CITY-ST-ZIP CAPÉ CORAL FL 33914 CITY-ST-ZIP MYUS PL 33919 Vice President TITLE ☐ Delete TITLE Change ☐ Addition PEREIRA, EDUARDO A NAME NAME 4145 PELICAN BOULEVARD ---STREET, ADDRESS STREET ADDRESS API PORM CITY-ST-7IP CAPE CORAL FL 33914 CITY-ST-ZIP FL 33914 TITLE Delete TITLE Secretary Treasurer Anosea C Pereira Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 4145 Pelican Doule UNA CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME

13. I hereby certify that the information supplied with this filling 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STANTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

(President)

2/9/2001

941.6715383

Daytime Phone #

☐ Change

Addition