2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 11, 2001 8:00 am Secretary of State DOCUMENT # P00000032206 TILE ARTIST STUDIOS, INC. 01-11-2001 90039 043 ***158.75 Mailing Address Principal Place of Business 12691 154TH RD. N. 12691 154TH RD. N. JUPITER FL 33478 JUPITER FL 33478 NUBUUUANU 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROOKS, DONALD L ESQ Street Address (P.O. Box Number is Not Acceptable) 1201 US HWY ONE, STE. 415 N. PALM BEACH FL 33408 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition Change Delete TITLE TITLE NAME JIMENEZ, RANDY NAME STREET ADDRESS 12691 154TH RD. N. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JUPITER FL 33478 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Affiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information fe and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director sired to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if all other like empowered. 13. I hereby certify that the information supplied with the indicated on this report or supplemental report is to of the corporation or the receiver or trustee empore.

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