. **20**02 uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND

P00000037306 DOCUMENT # **Secretary of State** 1. Entity Name L C K TILE & MARBLE, CORP. 03-13-2002 90029 042 ***150.00 Mailing Address Principal Place of Business -41906 S.W. 200TH-TERRACE 11905 S.W. 209TH TERRACE MIAMI FL 33177-5364 MIAMI FL 33177-5364 2. Principal Place of Business 3. Mailing Address 12436 SIWI 203 TERR Suite, Apt. #, etc. Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0999279 Not Applicable 33177 MIAMI Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COBREIRO, JESUS L Street Address (P.O. Box Number is Not Acceptable) 11905 S.W. 209TH TERRACE MIAMI FL 33177-5364 Zip Code 33/77 MIAMI 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) Change ☐ Addition **PSD** TITLE ☐ Delete TITLE COBREIRO, JESUS L NAME NAME 11905 S.W. 209TH TERRACE ---12436 S.W. 203 TERR STREET ADDRESS STREET ADDRESS MIAMI FL 33177-5364 CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition **VTD** TITLE ☐ Delete TITLE POUZA, SARA M NAME NAME 12436 5.W. 203 TERR. 11905-8:W: 209TH-TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33177-5364 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with address with all other like empowered.

FILED

Mar 13, 2002 8:00 am