

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90325 004 ***150.00

DOCUMENT # P00000040885

1. Entity Name

TUB & TILE SOLUTION, INC.



Principal Place of Business

19800 S.W. 84TH AVENUE
MIAMI FL 33189

Mailing Address

19800 S.W. 84TH AVENUE
MIAMI FL 33189

2. Principal Place of Business

10395 SW 186th

3. Mailing Address

SAME

Suite, Apt. #, etc.

2nd Floor

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33157

Country

USA

Country

4. FEI Number

65-1068099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SANTIAGO, NORMA

19800 SW 84TH AVENUE
MIAMI FL 33189

7. Name and Address of New Registered Agent

Name

John Gamio

Street Address (P.O. Box Number is Not Acceptable)

19800 SW 84 AVE

City

Miami

FL

Zip Code

33189

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John Gamio

John Gamio

4/15/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GAMIO, LUISA
STREET ADDRESS 19800 S.W. 84TH AVENUE
CITY-ST-ZIP MIAMI FL 33189

TITLE VP ☐ Delete
NAME GAMIO, JOHN
STREET ADDRESS 19800 SW 84TH AVENUE
CITY-ST-ZIP MIAMI FL 33189

TITLE ☒ Delete
NAME SANTIAGO, NORMA
STREET ADDRESS 19800 SW 84 AVE
CITY-ST-ZIP MIAMI FL 33189

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Gamio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/03

Daytime Phone #

305 969 8899

CR2E034 (10/02)