

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000048582

1. Entity Name  
MOLINA TILES & MARBLE, CORP.



05 MAY 20 PM 4:10

Principal Place of Business  
~~339 SW 30 RD~~  
MIAMI FL 33129

Mailing Address  
~~339 SW 30 RD~~  
MIAMI FL 33129

WOS-22135

RECEIVED  
FLORIDA DEPARTMENT OF STATE



2. Principal Place of Business  
3688 S.W. 23 ST.  
Suite, Apt. #, etc.

3. Mailing Address  
3688 S.W. 23 ST.  
Suite, Apt. #, etc.

REINSTATEMENT MAKING CHANGES 03-05

City & State  
MIAMI FL  
Zip 33145 Country

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MIAMI FL  
Zip 33145 Country

4. FEI Number 65-1011480  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MOLINA, CARLOS A  
~~28 SW 23 ROAD, APT. 2~~  
MIAMI FL 33129

7. Name and Address of New Registered Agent  
Name CARLOS A. MOLINA  
Street Address (P.O. Box Number is Not Acceptable)  
3688 S.W. 23 STREET  
MIAMI  
City FL Zip Code 33145

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: Carlos A. Molina

(NOTE: Registered Agent signature required when reinstating)

4/15/05

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MOLINA, CARLOS A <del>339 SW 30 RD</del> MIAMI FL 33129 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOLINA, MARIA D <del>339 SW 30 RD</del> MIAMI FL 33129 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARLOS A. MOLINA 3688 SW 23 ST. MIAMI FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARIA D. MOLINA 3688 SW 23 ST MIAMI FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300055568669 06/01/05--01017--012 **1000.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300055568669 06/01/05--01017--013 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300055568669 06/01/05--01017--014 **8.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/05 305 790-4714

Date Daytime Phone #

0038848 AV

CR2E034 (4/03)