

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051931

1. Entity Name
J & C TILE AND MARBLE, INC.

Principal Place of Business

5726 SW 20TH STREET
MIAMI FL 33155

Mailing Address

5726 SW 20TH STREET
MIAMI FL 33155

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HERNANDEZ, JOSE E
5726 SW 20TH STREET
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 tax filing requirement and elects to do so.
(See criteria on back)

~~FILE NOW!!! FEE IS \$550.00~~

After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME HERNANDEZ, JOSE E
STREET ADDRESS 5726 SW 20TH STREET
CITY-ST-ZIP MIAMI FL 33155

TITLE TD
NAME MARTINEZ, VLADIMIR
STREET ADDRESS 8440 SW 38TH STREET APT 3
CITY-ST-ZIP MIAMI FL 33155

TITLE SD
NAME LOPEZ, JUAN
STREET ADDRESS 5724 SW 20TH STREET
CITY-ST-ZIP MIAMI FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90040 001 ****50.00

09-14-2001 90040 002 ***500.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)