

2001 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED

Apr 12, 2001 8:00 am
Secretary of State

03-20-2001 90028 023 ***150.00

DOCUMENT # P000000556697

1. Entity Name

AMTI AMERICAN MARBLE & TILE, INC.

Principal Place of Business

1521 NE 41ST DRIVE
POMPANO BEACH FL 33064-6024

Mailing Address

1521 NE 41ST DRIVE
POMPANO BEACH FL 33064-6024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-3364725

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DOS SANTOS, ELIAZER~~
~~1521 NE 41ST DRIVE~~
~~POMPANO BEACH FL 33064-6024~~

Name

Debora Guerra Leal

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

709 3rd street

Apt. 301

City

Miami Beach

FL

Zip Code
33154

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]

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DOS SANTOS, ELIAZER ☒ Delete
STREET ADDRESS 1521 NE 41ST DRIVE
CITY-ST-ZIP POMPANO BEACH FL 33064-6024

TITLE PD
NAME Debora Guerra Leal ☒ Change ☐ Addition
STREET ADDRESS 709 3rd street Apt 301
CITY-ST-ZIP Miami Beach FL 33154

TITLE VD
NAME SILVEIRA, RUBENS ☒ Delete
STREET ADDRESS 2560 NE 12TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33064

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

TITLE TSD
NAME LEAL, DEBORA GUERRA ☒ Delete
STREET ADDRESS 2560 NE 12TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33064

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)