2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000061151

1. Entity Name

MC TILE SERVICES, INC.

552300

Principal Place of Business	Mailing Address
3108 NW 4th TERRACE # 3 POMPANO BEACH, FL 33064	SAME ADDRESS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address		
3108 NW 4th TERRACE	3108 NW 4th TERRACE		
Suite, Apt. #, etc. SUITE # 1	Suite, Apt. #, etc. SUITE # 1		
City & State POMPANO BEACH, FL	City & State POMPANO BEACH, FL	**4.** FEI Number 65-1040049	Applied For / Not Applicable
Zip 33064 / Country USA	Zip 33064 / Country USA	**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
DE MATA, JOSE A. 3108 NW 4th TERRACE # 3 POMPANO BEACH, FL 33064	Name DA MATA, MAURO CESAR Street Address (P.O. Box Number is Not Acceptable) 3108 NW 4th TERRACE # 1
	City POMPANO BEACH FL Zip Code 33064

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 _Mauro Cesar da Mata_   04/30/01

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 PVSTD NAME DA MATA, MAURO CESAR STREET ADDRESS 3108 NW 4th TERRACE # 1 CITY-ST-ZIP POMPANO BEACH, FL 33064	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E034 (11/00)

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: _Mauro Cesar da Mata_   (954) 784-4194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #