

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000075439

Entity Name
SIS TILE, INC.

FILED

04 FEB 18 AM 9:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
486 NE 28TH TERRACE
BOCA RATON, FL 33431

Mailing Address
486 NE 28TH TERRACE
BOCA RATON, FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

USA

4. FEI Number
651033652

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Now Registered Agent

6. Name and Address of Current Registered Agent

DA SILVA, PAULO
486 NE 28TH TERRACE
BOCA RATON, FL 33431

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 \$150.00
After May 1, 2004 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PS
DA SILVA, PAULO
486 NE 28TH TERRACE
BOCA RATON, FL 33431

☐ Delete

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

300029014263
02/18/04--01028--009 ***300.00

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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 qualified 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 REQUIRED
SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Deerfield Beach, FL February 6, 2004.

FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation by the following name:

OASIS TILE, INC.

Doc. # P00000075439

And we have not received the Annual Business Report 2003 first notice to renew our corporation's name.

Now we come before this honorable Department asking to wave this penalty once we did not received the first notice and we did not know that was supposed to be renewing annually.

Was not our intention to be late with the Department State of Florida, which we honor and respect the laws and regulations.

Please accept the update form 2004 Annual Business Report along with a check of \$ 300.00 to pay the fee.

Thank you for your cooperation and concern, and if you have any question or concern regarding this matter, do not hesitate to contact us.

Sincerely,



PAULO DA SILVA
President