

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076931

1. Entity Name

EPS TILE & MARBLE, INC.

Principal Place of Business

Mailing Address

677 TIVOLI TRACE CIR # 210
DEERFIELD BEACH, FL 33441 SAME ADDRESS

2. Principal Place of Business

224 BRAZILIAN CIR. SAME ADDRESS

3. Mailing Address

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

Zip

34952

Country

USA

City & State

Zip

Country

4. FEI Number

65-1030030

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DA SILVA, ESTELIO P.
677 TIVOLI TRACE CIR. # 210
DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent

Name
DA SILVA, ESTELIO P.
Street Address (P.O. Box Number is Not Acceptable)
224 BRAZILIAN CIRCLE
City
PORT ST. LUCIE FL Zip Code
34952

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

10/23/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

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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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PS
NAME ESTELIO P. DA SILVA
STREET ADDRESS 677 TIVOLI TRACE CIR. # 210
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

☐ Delete

TITLE
NAME
STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME ESTELIO P. DA SILVA
STREET ADDRESS 224 BRAZILIAN CIRCLE
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/01

CR2E034 (11/00)

Port St. Lucie - Florida, October 23rd, 2001.

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:

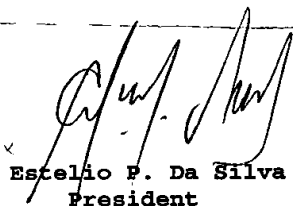
EPS TILE & MARBLE, INC.
Doc. # P00000076931

Our corporation has its articles filed with Florida
department of State-Division of Corporation on 08/09/2000.
Unfortunately, we never received the first notice, of our 2001
UBR form; and we did not know that we must pay it annually. This
is the first time we are renewing our corporation.

As this happened against our will, we would like to ask you
please wave the Reinstatement Fee, as I am sending you the amount
of US\$ 150.00, plus the completed Form. I would like to ask you
to please consider this, and file these as soon as possible.

If there is any other necessary information concerning this
matter, please feel free to contact me. Thank you.

Sincerely,



Estelio P. Da Silva
President
EPS Tile & Marble, Inc.
224 Brazilian Circle
Port St. Lucie, FL 34952