2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am Secretary of State DOCUMENT # P00000084218 1. Entity Name DISCOUNT TILE DISTRIBUTORS, CORP. 04-10-2001 90134 007 ***150.00 Principal Place of Business Mailing Address 9331 E COLONIAL DRIVE 9331 E COLONIAL DRIVE ORLANDO FL 32817 ORLANDO FL 32817 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3668447 City & State Applied For City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRAY, "ARMANDO" 3916 DUCK COURT ORLANDO FL 32822 GREEN 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: (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. P-ArmandoFray CR2E034 (10/00 Dalete P-Ricardo A. Jimenez (P) Change TITLE Discount Tile Distributors Corphame Discount Tile Distributors, Corp. NAME 9331 E. Colonial Dr. STREET ADDRESS STREET ADDRESS 9331 E. Colonial Dr. CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32817 Orlando, FL 32817 ☐ Change ☐ Addition TITLE ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CTIY-ST-ZIP GITY - ST.- ZIP TITLE Change ☐ Addition TITLE Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Calete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREE YORESS STREET ADDRESS CJTY-ST-ZIP CITY-ST-ZIP ormation 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 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 deliver or trustly empended to agree agreement in section 11 or Block 12 if each with all other like empowered.