FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 16, 2001 8:00 am DOCUMENT # P00000101599 **Secretary of State** 1. Entity Name EUROPEAN STONE & TILE, INC. 03-16-2001 90051 050 ***150.00 Principal Place of Business Mailing Address 1919 BLANDING BOULEVARD 1919 BLANDING BOULEVARD SUITE 5 SHITE 5 JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address rooten Stone+ tu (pola) DO NOT WRITE IN THIS SPACE Phillips FEI Number Applied For Not Applicable Country \$8.75 Additional US A USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ttai SPIEGEL & UTRERA, P.A. Box Number is Not Acceptable) Blanding Blyd 343 ALMERIA AVENUE **CORAL GABLES FL 33134** ity submits this satement for the perpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named ep SIGNATURE agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 🔽 Change CR2E034 (10/00) ☐ Addition ☐ Delete TITLE TITLE rresident Gary L. Pridgen HALL, GEORGE H NAME NAME 300) Lakeside Dr. #13 1919 BLANDING BOULEVARD SUITE 5 STREET ADDRESS STREET ADDRESS Jacksonville F Vice Presiden JACKSONVILLE FL 32210 CITY-ST-ZIP CITY-ST-7IF Change ☐ Addition Delete TITLE TITLE Redouane Elfikri NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP President TITLE ☐ Delete TITLÉ Addition Chir Kovich NAME A-ICX 761 GW 113 CEMBROKE PINES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33025 ile Président/ corge Bejarano Secretary X Change Addition TITLE ☐ Delete TITLE NAME NAME 27354 Dationera Da STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 otter like empowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED DEPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/2001

9013841204 Dayling Phone #