

**FILED**  
**Aug 13, 2003 8:00 am**  
**Secretary of State**

08-13-2003 90075 021 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000102555  
 1. Entity Name  
 TOMMY TILE, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1177 KANE CONCOURSE		3. Mailing Address		4. FEI Number 65-1061113		Applied For Not Applicable
Suite, Apt. #, etc. SUITE 201		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State BAY HARBOR ISLAND		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip FL	Country 33154	Zip	Country			

7. Name and Address of Current Registered Agent

Name THOMAS D. GRANT

Street Address (P.O. Box Number is Not Acceptable)  
620 N. SHORE DRIVE

City MIAMI BEACH FL Zip Code 33141

**DO NOT WRITE  
 IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas D. Grant* 08-08-2003  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1: Fee is \$150.00  
 After May 1: Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	THOMAS D GRANT. (PRESIDENT) 620 N. SHORE DR. Miami Beach, FL 33141	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(ADD) MARIA C. YBARRA (V-PRESIDENT) 620 N. SHORE DR. MIAMI Beach, FL 33141	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE          IN THIS SPACE</b>
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas D. Grant* 08-08-2003 305 867-5529  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

Attachment  
80138180

**FLORIDA DEPARTMENT OF REVENUE  
ANNUAL REPORT OR REINSTATEMENT**

**EIN: 65-1061113**

**Doc #P00000102555**

**Re: TOMMY TILE, INC.**

Aug 08, 2003

To Whom It May Concern,

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I am sending this letter to explain the reason why I did not file the annual Report of **TOMMY TILE, INC.** located at **620 N. SHORE DRIVE MIAMI BEACH, FL 33141**. Because I never received the form required.

If you any question do not hesitate contact me to (305) 867-5529.

Sincerely,

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**THOMAS D GRANT**  
President