2001 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

SIGNATUR

FILED May 18, 2001 8:00 am Secretary of State DOCUMENT # P00000110351 CERAMIC TILE MARKET PLACE, INC. 05-18-2001 90013 028 ***150.00 Principal Place of Business Mailing Address 13935 NW 1ST AVE 13935 NW 1ST AVE. MIAMI FL 33168 **MIAMI FL 33168** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, BEHAR & ASSOCIATES, PA Street Address (P.O. Box Number is Not Acceptable) 13935 NW 1ST AVE. **MIAMI FL 33168** 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) 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE PD ☐ Delete TIT) F Change ☐ Addition MAME PEREZ, CARLOS NAME STREET ADDRESS STREET ADDRESS 13935 NW 1ST AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33168 TITLE □ Change TITLE Delete NAME RUIZ, CRISTOBAL D NAME STREET ADDRESS STREET ADDRESS 13935 NW 1ST AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL-33168 Change TITLE Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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 Aport 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 of the preceiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address, with all office empowered.

TYPED OR PRINTED NAME OF