

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91469 046 ***150.00

DOCUMENT # P00000112965
1. Entity Name MLD TILE & MARBLE, INC.

DO NOT WRITE IN THIS SPACE	
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 191 SW 9TH STREET		Suite, Apt. #, etc. 191 SW 9TH STREET	
City & State POMPANO BCH FL		City & State POMPANO BCH FL	
Zip 33060	Country	Zip 33060	Country

DO NOT WRITE IN THIS SPACE	
4. FEI Number 65-1065380	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	
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7. Name and Address of Current Registered Agent	
Name MICHAEL DECKER	
Street Address (P.O. Box Number is Not Acceptable) 191 SW 9TH STREET	
City POMPANO BCH	Zip Code FL 33060

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 <i>[Signature]</i>	DATE <i>4/25/03</i>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS MICHAEL DECKER 191 SW 9TH STREET POMPANO BCH, FL 33060	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>4/25/03</i> Daytime Phone # <i>954.806.3222</i>