

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90122 038 ***158.75

DOCUMENT # P01000007284

1. Entity Name
INTER-AMERICAN TILE GROUP, INC.

Principal Place of Business

8951 SW 4TH LN.
MIAMI FL 33174

Mailing Address

8951 SW 4TH LN.
MIAMI FL 33174

2. Principal Place of Business

8530 SW 84 CT
 Suite, Apt. #, etc.

3. Mailing Address

8530 SW 84 CT
 Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

Country

33143

Zip

Country

33143

4. FEI Number

☒ **Applied For**

☐ **Not Applicable**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABELLA, FRANCISCO J

8530 SW 84 CT.

MIAMI FL 33143

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **ABELLA, FRANCISCO J**
STREET ADDRESS **8530 SW 84TH CT.**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **President, Interim** ☒ **Change** ☐ **Addition**
NAME **Abella, Francisco J.**
STREET ADDRESS **8530 SW 84 CT**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE **D** ☐ **Delete**
NAME **DE ARMAS, ZENEN**
STREET ADDRESS **8951 SW 4TH LN.**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE **V-President, Treasurer** ☒ **Change** ☐ **Addition**
NAME **De Armas, Zenon**
STREET ADDRESS **8951 SW 4TH LN**
CITY-ST-ZIP **MIAMI, FL, 33174**

TITLE **D** ☒ **Delete**
NAME **ABELLA, NICOLE C.**
STREET ADDRESS **215 NW 56TH AVE.**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ **Delete**
NAME **SANCHEZ, RAMIRO**
STREET ADDRESS **2541 SW 20TH ST.**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ **Delete**
NAME **BATISTA, PUIG**
STREET ADDRESS **2845 S. BAYSHORE DR., #304**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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 other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)