

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90346 043 ***150.00

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

DOCUMENT # P01000009609
1. Entity Name
CREATIVE TILE & PORCELAIN, INC.

DO NOT WRITE IN THIS SPACE

80053858

| | | | |
|--|----------------------|---|----------------------|
| 2. Principal Place of Business <u>Creative Tile & Porcelain</u> | | 3. Mailing Address <u>Creative Tile & Porcelain Inc.</u> | |
| Suite, Apt. #, etc. <u>103 Black Olive Crescent</u> | | Suite, Apt. #, etc. <u>103 Black Olive Crescent</u> | |
| City & State <u>Royal Palm Beach</u> | | City & State <u>Royal Palm Beach</u> | |
| Zip <u>33411</u> | Country <u>FL</u> | Zip <u>33411</u> | Country <u>FL</u> |

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4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CTP CORPORATION
Street Address (P.O. Box Number is Not Acceptable)
1200 SO PINE ISLAND RD.
City
PLANTATION FL 33324

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 M. Roth DATE 03/19/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Marvin Roth
103 Black Olive Crescent
Royal Palm Beach FL 33411

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: M. Roth DATE 03/19/02 DAYTIME PHONE: 561-3334584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)