

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90139 025 \*\*\*150.00

**DOCUMENT # P01000011440**

1. Entity Name  
**DARK STONE TILE, INC.**



Principal Place of Business  
**1230 NW 13TH STREET  
SUITE 106  
BOCA RATON FL 33486**

Mailing Address  
**1230 NW 13TH STREET  
SUITE 106  
BOCA RATON FL 33486**

**JUL13010**



2. Principal Place of Business  
**1200 NW 13th Street # 113**  
Suite, Apt. #, etc.

3. Mailing Address  
**1200 NW 13th Street**  
Suite, Apt. #, etc.  
**113**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**BOCA RATON**

City & State  
**BOCA RATON, FL**

4. FEI Number **65-1070298** Applied For  
Not Applicable

Zip Country  
**33486 FLORIDA-USA**

Zip Country  
**33486 USA**

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

6. Name and Address of Current Registered Agent  
**NOGUEIRA PEREIRA, JULIO CESAR  
1230 NW 13TH STREET  
SUITE 106  
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent  
Name **JORGE GIOVANI GONCALVES**  
Street Address (P.O. Box Number is Not Acceptable)  
**1200 NW 13th Street # 113**  
City **BOCA RATON** FL **33486**

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 *[Signature]* DATE **01/15/03**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOGUEIRA PEREIRA, JULIO CESAR		NAME		
STREET ADDRESS	1230 NW 13TH STREET SUITE 106		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		CITY-ST-ZIP		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORGE GIOVANI GONCALVES		NAME		
STREET ADDRESS	1200 NW 13th Street # 113		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **01/15/03** Daytime Phone # **(561) 212-6968**

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CR2E034 (10/02)