

2002 UNIFORM BUSINESS REPORT (UBR)

0045658
AV

DOCUMENT # P01000027360

1. Entity Name
ALLURE TILES, INC.

FILED

02 APR 22 AM 10: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

48 WOODLAND DR.
CRAWFORDVILLE FL 32327

Mailing Address

48 WOODLAND DR.
CRAWFORDVILLE FL 32327

2. Principal Place of Business

48 WOODLAND DR
Suite, Apt. #, etc.

3. Mailing Address

48 WOODLAND DR
Suite, Apt. #, etc.

City & State

CRAWFORDVILLE, FL

City & State

CRAWFORDVILLE, FL

4. FEI Number

593707213

Applied For

Not Applicable

Zip 32327

Country WAKULA

Zip 32327

Country WAKULA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LE, TUAN
48 WOODLAND DR.
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

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

TITLE D ☒ Delete
NAME LE, TUAN
STREET ADDRESS 48 WOODLAND DR.
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE VP ☐ Delete
NAME LE, TIEN
STREET ADDRESS 820 ALICE WESTER DR.
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE ED ☒ Delete
NAME LE, TU
STREET ADDRESS 48 WOODLAND DR.
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR ☒ Change ☐ Addition
NAME TUAN LE
STREET ADDRESS 48 WOODLAND DR
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE GENERAL MANAGER ☒ Change ☐ Addition
NAME TIEN LE
STREET ADDRESS 820 ALICE WESTER DR.
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE DIRECTOR ☒ Change ☐ Addition
NAME HOA NGUYEN
STREET ADDRESS 94 APALOOSA BLVD
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500005492995--0
-05/09/02--01002--022
****150.00 ****150.00

TITLE ☐ Change ☐ Addition
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

4/10/02 (850) 5706069
Date Daytime Phone #

CR2E034 (9/01)