2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with

other like empowered

Mar 28, 2002 8:00 am Secretary of State P01000048268 DOCUMENT # 1. Entity Name MODERN EXPRESSIONS TILE & MARBLE, INC. 03-28-2002 90359 016 ***150.00 Principal Place of Business Mailing Address 1641 SW 127TH CT. 1641 SW 127TH CT. MIAMI FL 33175 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address ---Suite-Apt::#::etc.------ Suite: Apt: #: etc: -----__DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PONCE, ANGEL E Street Address (P.O. Box Number is Not Acceptable) 1641 SW 127TH CT. **MIAMI FL 33175** City Zip Code FL 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 FILE NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete TITLE PONCE, ANGEL E NAME NAME 1641 SW 127TH CT. STREET ADDRESS STREET ADDRESS MIAMI FL 33175 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby cërtify 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

FILED

Daytime Phone #