

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

DOCUMENT # **P010000 50377**

1. Entity Name

Tiles 4 U # 3, Inc.

FILED

02 DEC 11 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6955 Hanging Moss Rd.

Suite, Apt. #, etc.

103 Suite

City & State

Orlando Florida

Zip

32807

Country

USA

3. Mailing Address

6955 Hanging Moss Rd.

Suite, Apt. #, etc.

Suite 103

City & State

Orlando Florida

Zip

32807

Country

USA

200009476042

12/12/02--01013--004 **150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3720646

Applied For

☒ NOT Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael K. Baker

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

8064 Cloverglenn Circle

City

Orlando

FL

Zip Code

32818-8212

**DO NOT WRITE
IN THIS SPACE**

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 **Michael K. Baker**

Signature, typed or printed name of registered agent and title if applicable.

Michael K. Baker

(NOTE: Registered Agent signature required when reinstating)

12/02/02

DATE

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	PD MANUEL M. MATOS 6955 Hanging Moss Rd. Suite 103 Orlando, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARNALDO J. QUEZADA 6955 Hanging Moss Rd. Suite 103 Orlando, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANUEL M. COSS 6955 Hanging Moss Rd. Suite 103 Orlando, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAROLYN S. COSS 6955 Hanging Moss Rd. Suite 103 Orlando, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JONAS QUEZADA

12/02/02 407673-6559

Date

Daytime Phone #