

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

DOCUMENT # *P01000050381*

1. Entity Name

*Tiles 4 U #2, Inc*

FILED

02 DEC 11 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*6955 Hanging Moss Rd.*

3. Mailing Address

*6955 Hanging Moss Road*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite 103*

*Suite 103*

City & State

City & State

*Orlando Florida*

*Orlando Florida*

Zip

Zip

Country

Country

*32807*

*USA*

*32807*

*USA*

*300009476033*

*12/12/02--01013--003 \*\*150.00*

DO NOT WRITE IN THIS SPACE

4. FEI Number

*59-3720645*

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 CLOVERLEW Circle*

City

*Orlando*

FL

Zip Code

*32816-8212*

**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)

*12/12/02*

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	<i>PD</i> <i>Manuel M. Matos</i> <i>6955 Hanging Moss Rd. Suite 103</i> <i>Orlando, FL 32807</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VD</i> <i>Arnaldo J. Quezada</i> <i>6955 Hanging Moss Road, Suite 103</i> <i>Orlando, FL 32807</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V</i> <i>Manuel M. Coss</i> <i>6955 Hanging Moss Rd. Suite 103</i> <i>Orlando, FL 32807</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD</i> <i>Karina M. Coss</i> <i>6955 Hanging Moss Rd. Suite 103</i> <i>Orlando, FL 32807</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TD</i> <i>Hardyn S. Coss</i> <i>6955 Hanging Moss Rd. Suite 103</i> <i>Orlando, FL 32807</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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

*12/12/02*

Date

*401-693-6559*

Daytime Phone #