

FILED
Jul 10, 2002 8:00 am
Secretary of State

05-21-2002 91190 009 ***150.00

FROM : ACCOUNTING/TAX

PHONE NO. 2 321 777

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P010000506P3*

Entity Name

*Exclusive Tile & Stone Inc***DO NOT WRITE IN THIS SPACE**

38461

DO NOT WRITE IN THIS SPACE

2. Principal Office of Business <i>2225 BUSINESS CENTER BLVD</i>		3. Mailing Address <i>2225 BUSINESS CENTER BLVD</i>	
Subs. Apt. #, etc. <i>STE C3</i>		Subs. Apt. #, etc. <i>STE C-3</i>	
City/State <i>MELBOURNE, FL</i>		City & State <i>MELBOURNE, FL</i>	
Zip <i>32940</i>		Country <i>FL 32940</i>	
4. FEI Number <i>52-3239705</i>		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <i>Jose R. Salazar, Jr</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>8265 N. Wickham Rd.</i>			
City <i>MELBOURNE</i> FL Zip Code <i>32940</i>			

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

7-3-02

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.
(See criteria on back) ☐January 1 - May 1: Fee is \$50.00
May 1 - June 1: Fee is \$50.00
June 1 - July 1: Fee is \$50.00
July 1 - August 1: Fee is \$50.00
August 1 - September 1: Fee is \$50.00
September 1 - October 1: Fee is \$50.00
October 1 - November 1: Fee is \$50.00
November 1 - December 1: Fee is \$50.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President Arturo Limonta 1050 Starling Way MELBOURNE, FL 32955</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Vice President Jose R. Salazar, Jr 680 Palomar Way Melbourne, FL 32940</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Secretary Thomas H. Salazar 710 Perry Downs Cir Melbourne, FL 32940</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Treasurer Zeuxis R. Salazar 1734 Morning Glory Dr. Melbourne, FL 32940</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS 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)(b), Florida Statutes. I further certify that the information furnished 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 an attachment with an address, with or without this empowerment.

SIGNATURE:

Zeuxis R. Salazar / Secretary

SIGNATURE AND THREE OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Signature Printed

CR2004B (12/01)