

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91701 015 ***150.00

05/28/02 AV

DOCUMENT # P01000064196**1. Entity Name**
GALLERIA TILE AND MARBLE, INC.**Principal Place of Business****1200 SW THOMAS CT.
PORT ST. LUCIE FL 34953****Mailing Address****1200 SW THOMAS CT.
PORT ST. LUCIE FL 34953****B0120136**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number**59-2806307**

Applied For

Not Applicable

5. Certificate of Status Desired☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****PHARO, MICHAEL J
1200 SW THOMAS CT.
PORT ST. LUCIE FL 34953**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	PHARO, MICHAEL J	
STREET ADDRESS	1200 SW THOMAS CT.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PHARO, KEITH C	
STREET ADDRESS	1200 SW THOMAS CT.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input type="checkbox"/> Delete
NAME	PREBIANCA, HENRY J	
STREET ADDRESS	1200 SW THOMAS CT.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:****MICHAEL J. PHARO****4/21/02****561-718-7239**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)