

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90695 036 \*\*\*150.00

US269309 AV

**DOCUMENT # P01000064884**  
 1. Entity Name  
**LUIS'S DESIGNER, INSTALLATION TILE & MARBLE, INC**

Principal Place of Business      Mailing Address  
**5172 ISLAND CLUB DR.**      **5172 ISLAND CLUB DR.**  
**TAMARAC FL 33319**      **TAMARAC FL 33319**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
*5172 Island club dr.*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*Tamarae FL*  
 Zip      Country      Zip      Country  
*33319*

4. FEI Number      Applied For  
*65-1117633*      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**

**CRUZ, LUIS U**  
**5172 ISLAND CLUB DR.**  
**TAMARAC FL 33319**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity is submitting this report for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]*      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**

| 11. OFFICERS AND DIRECTORS      |                            | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |      |
|---------------------------------|----------------------------|---|------|
| TITLE                           | NAME                       | TITLE   | NAME |
| <input type="checkbox"/> Delete | <i>Luis U. Cruz</i>        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
|                                 | <i>5172 Island club dr</i> |   |      |
|                                 | <i>Tamarae FL 33319</i>    |   |      |
| <input type="checkbox"/> Delete |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |

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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/14/02*      Daytime Phone #: *(954) 735-0493*

CR2E034 (9/01)