

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90133 019 ***150.00

DOCUMENT # P01000076873

1. Entity Name

TILE & HOME RESTORATION SERVICES BY FIRENZE, INC

Principal Place of Business

**10700 W SAMPLE ROAD STE 607
 CORAL SPRINGS FL 33065**

Mailing Address

**10700 W SAMPLE ROAD STE 607
 CORAL SPRINGS FL 33065**

2. Principal Place of Business

10777 W. Sample Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs Fl.

City & State

Zip

Country

33065

Country

Blownd

4. FEI Number

65-1138466

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LA DUKE, RONALD

1909 SW 1ST AVE

FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

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

Registered agent and title

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

TITLE **D** ☒ Delete
 NAME **LAROSE, ESTHER**
 STREET ADDRESS **10700 W SAMPLE ROAD STE 607**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **ANTHONY E. MYERS**
 STREET ADDRESS **1541 W. 35th St.**
 CITY-ST-ZIP **Revere Beach, FL 33404**

TITLE ☐ Change ☐ Addition
 NAME **Registered Agent**
 STREET ADDRESS **Ronald La Duke**
 CITY-ST-ZIP **1909 SW 1st Ave, Ft. Lauderdale, FL 33316**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

ANTHONY E. MYERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-31-02 (954) 753-6118

Date

Daytime Phone #

CR2E034 (9/01)