FILED
May 28, 2002 8:00 am
Secretary of State
05-01-2002 91593 003 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000081558

1. Entity Name
DL TILE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
1451 W CYPRESS CREEK ROAD SUITE 300 FT LAUDERDALE FL 33309	1451 W CYPRESS CREEK ROAD SUITE 300 FT LAUDERDALE FL 33309

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 651130939 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERKIN, STEWART A ESQ.
444 BRICKELL AVENUE SUITE 300
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: ISRAEL B. PANDO
Street Address (P.O. Box Number Is Not Acceptable): 4315 NW 7th Street Suite # 40
City: MIAMI FL Zip Code: 33126

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] 04.15.02
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required for filing.) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete DE LUCA, RENATO JR 1451 W CYPRESS CREEK ROAD SUITE 300 FT LAUDERDALE FL 33309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. Bolfuncay RENATO DE LUCA 04.15.02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #