

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90053 017 \*\*\*550.00

**DOCUMENT # P01000087090**

1. Entity Name  
**EXECUTIVE TILES AND MARBLE, INC.**

Principal Place of Business

4755 NW 167TH ST  
 MIAMI FL 33055

Mailing Address

4755 NW 167TH ST  
 MIAMI FL 33055

2. Principal Place of Business

3. Mailing Address

11550 BAILES RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

Country

33170

USA

4. FEI Number

65-1137094

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

**ERACRITO GUICHARDO**

Street Address (P.O. Box Number is Not Acceptable)

11550 BAILES ROAD

City

MIAMI

FL

Zip Code

33170

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Eracrito Guichardo*

09/03/02

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 ☒ Delete  
 NAME ~~ERACRITO GUICHARDO~~  
 STREET ADDRESS ~~11550 BAILES RD~~  
 CITY-ST-ZIP ~~MIAMI FL 33170~~

TITLE ☐ Delete  
 NAME **GUICHARD, ERACRITO D**  
 STREET ADDRESS **4755 NW 167TH ST**  
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE ☐ Delete  
 NAME **GUILLERMO GOMEZ**  
 STREET ADDRESS **4755 N.W. 167 ST.**  
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE ☐ Delete  
 NAME **OMAR LAZO**  
 STREET ADDRESS **4755 N.W. 167 ST.**  
 CITY-ST-ZIP **MIAMI FL 33055**

TITLE ☐ Delete  
 NAME **WILAMP FL 33055**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

*Eracrito Guichardo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/03/02 (305) 238-7144

Date

Daytime Phone #

CR2E034 (4/02)