

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91599 041 ***150.00

DOCUMENT # P01000088330

1. Entity Name
C.M. TILE, MARBLE and CERAMIC INSTALATIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
788 N.W. 78 Street

3. Mailing Address
Same

Suite, Apt. #, etc.
M

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami - Florida

City & State

4. FEI Number 65-1136741

Applied For
Not Applicable

Zip 33150

Country
U.S.A.

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Cesar A. Chavarria

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

788 N.W. 78 Street

City Miami -

FL

Zip Code
33150

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	President / Treasurer Cesar A. Chavarria 788 N.W. 78 Street Miami - Florida - 33150	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President / Secretary Maritza Aleman 788 N.W. 78 Street Miami - Florida - 33150	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Maritza Aleman* Maritza Aleman / Vice-President 05-15-02 (305) 691-8595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)