
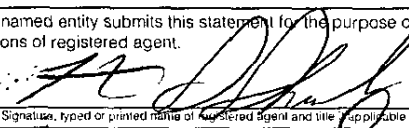
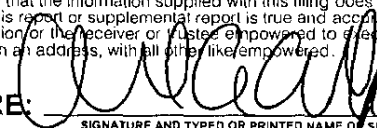


**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90179 017 \*\*\*550.00

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

|   |                       |   |                          |
|---|-----------------------|---|--------------------------|
| DOCUMENT # P01DD0089091   |                       |                                |                          |
| 1. Entity Name<br><b>GLOBAL TILE, INC</b>   |                       |   |                          |
| <b>DO NOT WRITE IN THIS SPACE</b>   |                       |   |                          |
| 2. Principal Place of Business<br><b>10479 RIO LINDO</b>  |                       | 3. Mailing Address<br><b>10479 RIO LINDO</b>  |                          |
| Suite, Apt. #, etc.   |                       | Suite, Apt. #, etc.   |                          |
| City & State<br><b>DELRAY BEACH, FL</b>   |                       | City & State<br><b>DELRAY BEACH, FL</b>   |                          |
| Zip<br><b>33446</b>   | Country<br><b>USA</b> | Zip<br><b>33446</b>   | Country<br><b>USA</b>    |
| 4. FEI Number<br><b>65-1079103</b>  |                       | Applied For<br><input type="checkbox"/> Not Applicable  |                          |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                       | \$8.75 Additional Fee Required  |                          |
| 7. Name and Address of Current Registered Agent   |                       |   |                          |
| Name<br><b>KEITH SHAWLEY</b>  |                       |   |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>2699 SOUTH BAY SHORE DRIVE</b>   |                       |   |                          |
| <b>SUITE 400</b>  |                       |   |                          |
| City<br><b>MIAMI</b>  |                       | FL  | Zip Code<br><b>33133</b> |
| 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<br>   |                       | DATE<br><b>5/22/03</b>  |                          |
| January 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$550.00<br>Amended UBR is \$61.25<br>Make Check Payable to Florida Department of State  |                       | 9. Election Campaign Financing<br>Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees |                          |
| 10. OFFICERS AND DIRECTORS  |                       |   |                          |
| TITLE<br><b>PRESIDENT</b>   |                       | TITLE   |                          |
| NAME<br><b>SCOTT ALPERT</b>   |                       | NAME  |                          |
| STREET ADDRESS<br><b>6886 N.W. 72 PLACE</b>   |                       | STREET ADDRESS  |                          |
| CITY-ST-ZIP<br><b>PANCLAND, FL 33067</b>  |                       | CITY-ST-ZIP   |                          |
| TITLE<br><b>VICE PRESIDENT</b>  |                       | TITLE   |                          |
| NAME<br><b>MARK ALPERT</b>  |                       | NAME  |                          |
| STREET ADDRESS<br><b>10479 RIO LINDO</b>  |                       | STREET ADDRESS  |                          |
| CITY-ST-ZIP<br><b>DELRAY BEACH, FL 33446</b>  |                       | CITY-ST-ZIP   |                          |
| TITLE   |                       | TITLE   |                          |
| NAME  |                       | NAME  |                          |
| STREET ADDRESS  |                       | STREET ADDRESS  |                          |
| CITY-ST-ZIP   |                       | CITY-ST-ZIP   |                          |
| TITLE   |                       | TITLE   |                          |
| NAME  |                       | NAME  |                          |
| STREET ADDRESS  |                       | STREET ADDRESS  |                          |
| CITY-ST-ZIP   |                       | CITY-ST-ZIP   |                          |
| TITLE   |                       | TITLE   |                          |
| NAME  |                       | NAME  |                          |
| STREET ADDRESS  |                       | STREET ADDRESS  |                          |
| CITY-ST-ZIP   |                       | CITY-ST-ZIP   |                          |
| <b>DO NOT WRITE IN THIS SPACE</b>   |                       |   |                          |
| 12. 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 10 or on an attachment with an address, with all other like empowered. |                       |   |                          |
| SIGNATURE<br>  |                       | Date<br><b>05/19/03</b>   |                          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><b>MARK A ALPERT</b>  |                       | Daytime Phone #<br><b>954-547-1252</b>  |                          |

CR2E034B (12/02)