2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000099043

FILED
02 DEC 20 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
W.O. TILE, CORP.

Principal Place of Business	Mailing Address
651 CYPRESS CLUB WAY SUITE 1	651 CYPRESS CLUB WAY SUITE 1
POMPANO BEACH FL 33064	POMPANO BEACH FL 33064

2. Principal Place of Business	3. Mailing Address
661 CYPRESS CLUB WAY	661 CYPRESS CLUB WAY
Suite Apt.#, etc. SUITE J	Suite. Apt. #, etc. SUITE J
City & State POMPANO BEACH	City & State POMPANO BEACH
Zip 33064 / Country	Zip 33064 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1148879 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FILHO, OSWALDINO A	Name: FILHO, OSWALDINO A
651 CYPRESS CLUB WAY SUITE 1	Street Address (P.O. Box Number is Not Acceptable): 661 CYPRESS CLUB WAY
POMPANO BEACH , FL 33064	SUITE J
	City: POMPANO BEACH FL Zip Code: 33064

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] 12/09/02
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 $150.00
After MAY 1, 2003 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		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDT ☐ Delete	TITLE	PDT ☒ Change ☐ Addition
NAME	ALVES FILHO, OSWALDINO	NAME	ALVES FILHO, OSWALDINO
STREET ADDRESS	651 CYPRESS CLUB WAY SUITE 1	STREET ADDRESS	661 CYPRESS CLUB WAY SUITE J
CITY-ST-ZIP	POMPANO BEACH, FL 33064	CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	VDS ☐ Delete	TITLE	BRAGA, WALACE A ☒ Change ☐ Addition
NAME	BRAGA, WALACE A	NAME	661 CYPRESS CLUB WAY SUITE J
STREET ADDRESS	651 CYPRESS CLUB WAY SUITE 1	STREET ADDRESS	POMPANO BEACH, FL 33064
CITY-ST-ZIP	POMPANO BEACH, FL 33064	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	000009606090
STREET ADDRESS		STREET ADDRESS	12/19/02--01106--001 **300.00* 150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12/12/2

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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] OSWALDINO ALVES FILHO - PRESIDENT 12/09/02 954 428-0102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #