2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000099043

1. Entity Name

W.O. TILE, CORP.

FILED

02 DEC 20 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

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:

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 651 CYPRESS CLUB WAY SUITE 1 POMPANO BEACH , FL 33064	Name: FILHO, OSWALDINO A Street Address (P O. Box Number is Not Acceptable): 661 CYPRESS CLUB WAY 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: _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT ALVES FILHO, OSWALDINO 651 CYPRESS CLUB WAY SUITE 1 POMPANO BEACH, FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT ALVES FILHO, OSWALDINO 661 CYPRESS CLUB WAY SUITE J POMPANO BEACH, FL 33064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDS BRAGA, WALACE A 651 CYPRESS CLUB WAY SUITE 1 POMPANO BEACH, FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BRAGA, WALACE A 661 CYPRESS CLUB WAY SUITE J POMPANO BEACH, FL 33064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000009606090 12/19/02--01106--001 **300.00 150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12/12/02	☐ Change ☐ Addition

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: _____ OSWALDINO ALVES FILHO - PRESIDENT 12/09/02 954 428-0102

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #