

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000108518

1. Entity Name

FILED

02 OCT 29 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BRASIL TILE, INC.

Principal Place of Business <b>1020 N.E. 7TH AVENUE # 1 FORT LAUDERDALE, FL 33334</b>	Mailing Address <b>1020 N.E. 7TH AVENUE # 1 FORT LAUDERDALE, FL 33334</b>
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2. Principal Place of Business <b>623 ANDERSON CIRCLE</b> Suite Apt. #, etc. <b>103</b> City & State <b>DEERFIELD BEACH</b> Zip <b>33441</b> Country <b>USA</b>	3. Mailing Address <b>623 ANDERSON CIRCLE</b> Suite Apt. #, etc. <b>103</b> City & State <b>DEERFIELD BEACH</b> Zip <b>33441</b> Country <b>USA</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1151955</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent <b>DA SILVA, MARCELO</b> <b>1020 N.E. 7TH AVENUE # 1</b> <b>FORT LAUDERDALE, FL 33334</b>	7. Name and Address of New Registered Agent Name <b>DA SILVA, MARCELO</b> Street Address (P.O. Box Number is Not Acceptable) <b>623 ANDERSON CIRCLE # 103</b> City <b>DEERFIELD BEACH</b> FL Zip Code <b>33441</b>
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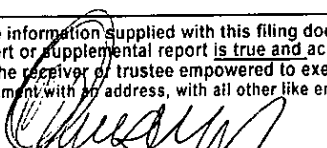
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE 	10/22/02
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) <input type="checkbox"/>	<b>FILE NOW! FEE IS \$150.00</b> <b>After MAY 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DA SILVA, MARCELO 1020 N.E. 7TH AVENUE # 1 FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DA SILVA, MARCELO 623 ANDERSON CIRCLE # 103 DEERFIELD BEACH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400008672974</b> <b>10/29/02--01113--028 **150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400008672974</b> <b>10/29/02--01113--029 **150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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: 	10/22/02	954 868-3544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
2002 Uniform Business Report (UBR)  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Filing of Uniform Business Report 2002

P01000108518  
BRASIL TILE, INC.

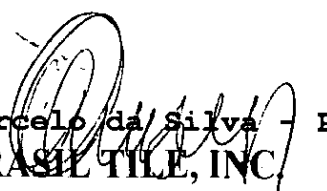
To Whom It May Concern:

This letter is to inform you that we have never received a  
Uniform Business Report form by the mail.

We would like to request you that you forgive all extra  
fees and penalties other than the primary of \$150.00 and  
accept the filling of our attached UBR, which has been  
prepared by our accountant.

Any questions or concern, feel free to contact our  
accountant at (954) 725-4600 and speak to Mr. Breno Gomes.

Sincerely,

  
Marcelo da Silva - President  
BRASIL TILE, INC.  
623 ANDERSON CIRCLE # 103  
DEERFIELD BEACH, FL 33441  
PHONE (954) 868-3544