

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90048 001 ***158.75

0013989 AT

DOCUMENT # P02000000349

1. Entity Name
QUILMES TILE & GRANITE, INC.

Principal Place of Business

Mailing Address

**2605 64TH ST SW
 NAPLES FL 34105**

**2605 64TH ST SW
 NAPLES FL 34105**

2. Principal Place of Business

3. Mailing Address

1150 POWER STREET, #11

1150 POWER STREET, #11

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 11

UNIT 11

City & State

City & State

NAPLES, FL 34104

NAPLES, FL 34104

4. FFL Number
59-3758838

Applied For

Not Applicable

Zip

Country

34104

COLLIER

Zip

Country

34104

COLLIER

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAGILEWSKI, ELDA
 2605 64TH ST SW
 NAPLES FL 34105**

Name

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

City

FL

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **D** ☐ Delete
 NAME **MAGILEWSKI, ELDA**
 STREET ADDRESS **2605 64TH ST SW**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE **P S D** ☒ Change ☐ Addition
 NAME **ELDA MAGILEWSKI**
 STREET ADDRESS **2605 64TH ST SW**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **CARLOS MAGILEWSKI**
 STREET ADDRESS **2605 64TH ST SW**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
 NAME **ULYSSES HERNANDEZ**
 STREET ADDRESS **P O BOX 9577**
 CITY-ST-ZIP **NAPLES FL 34101**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
 NAME **ANIA YADIEA ACOSTA**
 STREET ADDRESS **7710 WOODBROOK CIRCLE, #3**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)