

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90506 043 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000001340		
1. Entity Name MAYTIN TILE CORP.		
Principal Place of Business 1490 SW 131 PLACE MIAMI, FL 33184		Mailing Address 1490 SW 131 PLACE MIAMI, FL 33184
2. Principal Place of Business 8220 NW 23 Street Sunrise, FL 33322		3. Mailing Address 8220 NW 23 Street Sunrise, FL
4. FEI Number 300025863		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROMAN, JORGE E 1490 SW 131 PLACE MIAMI, FL 33184		7. Name and Address of New Registered Agent - Same -
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. - same agent -		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMAN, JORGE E 1490 SW 131 PLACE MIAMI, FL 33184 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BASANTA, ALBERTO 10851 SW 2ND ST APT K110 MIAMI, FL 33174 ☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DORSEY, HAZEL B 8220 NW 23RD STREET SUNRISE, FL 33322 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Add 8220 NW 23 Street Sunrise, FL 33322	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition S Joel Maytin 10851 SW 2nd St. #K-110 Miami, FL 33174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: Hazel B. Dorsey 4/12/03 954-270-8229 Treasurer (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		

90099858



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)