

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2003 8:00 am
Secretary of State

05-05-2003 92189 022 ***150.00

DOCUMENT # P02000012051

1. Entity Name
K-TILE CONTRACTOR SERVICE CORPORATION



Principal Place of Business
**7511 N. CLARK AVE.
TAMPA FL 33614**

Mailing Address
**7511 N. CLARK AVE.
TAMPA FL 33614**

55047818

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-04 85494

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

**ALEMAN, ORESTES
7511 N. CLARK AVE.
TAMPA FL 33614**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/25/04

FILE NOW! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	ALEMAN, ORESTES	
STREET ADDRESS	7511 N. CLARK AVE.	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	V	☐ Delete
NAME	ALEMAN, SONIA	
STREET ADDRESS	7511 N. CLARK AVE.	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ORESTES ROSENAL ALEMAN	☒ Change ☐ Addition
NAME	7511 N. CLARK AVE	
STREET ADDRESS	TAMPA FL - 33614	
CITY-ST-ZIP		
TITLE	ALBERTO ALEMAN	☒ Change ☐ Addition
NAME	7511 N. CLARK AVE	
STREET ADDRESS	TAMPA - FL 33614	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE OF ORESTES ALEMAN

04/25/03

(813) 496 9909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)