

FILED
Apr 16, 2003 8:00 am
Secretary of State

03-26-2003 90119 036 ***150.00

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

DOCUMENT # P02000022672

1. Entity Name
ARCHSTONE TILE CORP.



Principal Place of Business
2257 SW 15TH STREET #179
DEERFIELD BEACH FL 33442

Mailing Address
2257 SW 15TH STREET #179
DEERFIELD BEACH FL 33442



2. Principal Place of Business
3708 PEBBLEBROOK MANOR
Suite, Apt. #, etc.

3. Mailing Address
3708 PEBBLEBROOK
Suite, Apt. #, etc.
MANOR

☒ CHECK HERE IF MAKING CHANGES

City & State
COCONUT CREEK, FL

City & State
COCONUT CREEK, FL

4. FEI Number
753010774

Applied For
☐ Not Applicable

Zip
33073

Country

Zip
33073

Country

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

DE OLIVEIRA E SILVA, DENNILSON
2257 SW 15TH STREET #179
DEERFIELD BEACH FL 33442

Name
Street Address (P.O. Box Number is Not Acceptable)
3708 PEBBLEBROOK MANOR
City
COCONUT CREEK FL Zip Code
33073

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]* PRESIDENT 03-21-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
DE OLIVEIRA E SILVA, DENNILSON
2257 SW 15TH STREET #179
DEERFIELD BEACH FL 33442 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
NETO, JOAO O
4040 CRYSTAL LAKE DRIVE #201
POMPANO BEACH FL 33064 ☐ 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
☐ 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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-05-03 954-914-9259
Date Daytime Phone #

CR2E034 (10/02)