

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000037691

1. Entity Name

PORTALVES TILE, MARBLE & WOOD, CORP.

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90247 015 ***150.00

11017336

Principal Place of Business	Mailing Address
200 NE 20TH STREET 225 E BOCA RATON FL 33431	200 NE 20TH STREET 225 E BOCA RATON FL 33431

2. Principal Place of Business 200 NE 20TH STREET Suite Apt. #, etc. 233D	3. Mailing Address 200 NE 20TH STREET Suite Apt. #, etc. 233D
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City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33431	Zip 33431

4. FEI Number 75-3043818	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 AQUILINO, JULIANA
 3961 N. FEDERAL HWY
 POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent
 Name
 ANTONIO S. PORTO
 Street Address (P.O. Box Number is Not Acceptable)
 200 NE 20TH STREET 233D
 City
 BOCA RATON FL Zip Code
 33431

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: *Antonio S. Porto* ANTONIO S. PORTO 04/07/03
 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, 2003 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

TITLE	P	<input type="checkbox"/> Delete
NAME	PORTO, ANTONIO S.	
STREET ADDRESS	200 NE 20TH STREET #225 E	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALVES, MANOEL O	
STREET ADDRESS	200 NE 20TH STREET # 225 E	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTO, ANTONIO S.	
STREET ADDRESS	200 NE 20TH STREET 233D	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVES, MANOEL O	
STREET ADDRESS	200 NE 20TH STREET 233D	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Antonio S. Porto* ANTONIO S. PORTO

04/07/03

(561) 417-7524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #