

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90207 026 ***150.00

DOCUMENT # P02000061296

1. Entity Name
AAA TILE RESTORATION, INC.



Principal Place of Business
9139 PINE SPRINGS DR
BOCA RATON FL 33428

Mailing Address
9139 PINE SPRINGS DR
BOCA RATON FL 33428

30008573



2. Principal Place of Business

11456 Paradise Cove Lane

Suite, Apt. #, etc.

Wellington, FL

City & State

3. Mailing Address

11456 Paradise Cove Lane

Suite, Apt. #, etc.

Wellington, FL

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0710162

Applied For

Not Applicable

Zip
33467

Country

Palm Beach

Zip
33467

Country

Palm Beach

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUCHA, OFER
9139 PINE SPRINGS DR
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

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

11456 PARADISE COVE Lane

City

Wellington

FL

Zip Code

33467

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

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

TITLE
D ☐ Delete
NAME
MUCHA, OFER
STREET ADDRESS
9139 PINE SPRINGS DR
CITY-ST-ZIP
BOCA RATON FL 33428

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
President ☒ Change ☐ Addition
NAME
Ofer Mucha
STREET ADDRESS
11456 Paradise Cove Lane
CITY-ST-ZIP
Wellington, FL 33467

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-03

Date

561-204-2993

Daytime Phone #

CR2E034 (10/02)