

## 2004 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90482 042 \*\*\*150.00

**DOCUMENT# P02000062844**

1. Entity Name

**BLACK WATER TILE & MARBLE, INC.**

Principal Place of Business

Mailing Address

**10282 BOCA ENTRADA BLVD. #114****10282 BOCA ENTRADA BLVD. #114****BOCA RATON, FL 33428****BOCA RATON, FL 33428**

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.

Suite. Apt. #. etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. FEI Number

**74-3046878**

Applied For

Not Applicable

Zip

Country

Zip

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

**TAX HOUSE CORPORATION****1261 E SAMPLE ROAD****POMPANO BEACH FL 33064**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**04/30/2004**

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, 2004 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

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER S. SILVA		NAME	WALTER S. SILVA	
STREET ADDRESS	10555 ERMINE AVENUE		STREET ADDRESS	10282 BOCA ENTRADA BLVD. #114	
CITY-ST-ZIP	BOCA RATON, FL 33428-0000		CITY-ST-ZIP	BOCA RATON, FL 33428-0000	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATIA S. COSTA		NAME	KATIA S. COSTA	
STREET ADDRESS	10555 ERMINE AVENUE		STREET ADDRESS	10282 BOCA ENTRADA BLVD. #114	
CITY-ST-ZIP	BOCA RATON, FL 33428-0000		CITY-ST-ZIP	BOCA RATON, FL 33428-0000	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDSON B. DE SOUZA		NAME	EDSON B. DE SOUZA	
STREET ADDRESS	10555 ERMINE AVENUE		STREET ADDRESS	10282 BOCA ENTRADA BLVD. #114	
CITY-ST-ZIP	BOCA RATON, FL 33428-0000		CITY-ST-ZIP	BOCA RATON, FL 33428-0000	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDRE S. SILVA		NAME	ALEXANDRE S. SILVA	
STREET ADDRESS	10555 ERMINE AVENUE		STREET ADDRESS	10282 BOCA ENTRADA BLVD. #114	
CITY-ST-ZIP	BOCA RATON, FL 33428-0000		CITY-ST-ZIP	BOCA RATON, FL 33428-0000	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:



WALTER S. SILVA

04/30/2004

(561) 852-5751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #