

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

FILED

03 DEC 17 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000098878

1. Entity Name

L BRICK & TILE, CORP.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3107 NW 5 TERRACE

3. Mailing Address  
3107 NW 5 TERRACE

Suite, Apt. #, etc.

SUITE 03

Suite, Apt. #, etc.

SUITE 03

City & State  
POMPANO BEACH, FL

City & State  
POMPANO BEACH, FL

Zip  
33067

Country  
USA

Zip  
33067

Country  
USA

**REINSTATEMENT 03**

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1533873

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MANOEL ZUZA LIMA

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

3107 NW 5 TERRACE SUITE 03

City POMPANO BEACH

FL

Zip Code  
33067

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 *Manoel Zuza Lima*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

12-01-2003

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT, DIRECTOR  
MANOEL ZUZA LIMA  
3107 NW 5 TERRACE  
POMPANO BEACH, FL 33067

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000025543680  
12/17/03--01009--004 \*\*150.00

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Manoel Zuza Lima*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-01-2003

Date

(954)9465429

Daytime Phone #

CR2E034B (12/02)

3107 NW 5 Terrace, Suite 03  
Pompano Beach, FL 33067

RE: L BRICK & TILE, CORP.

P02000098878

DEAR STATE DEPARTMENT,

PLEASE WAIVE MY REINSTATEMENT FEE BECAUSE I DID NOT RECEIVE THE  
TWO PRIOR UNIFORM BUSINESS REPORT NOTICE. PLEASE VERIFY IF MY  
ADDRESS IS RIGHT IN YOUR RECORDS. THANK YOU.

MY ADDRESS:

3107 NW 5 TERRACE#03  
POMPANO BEACH, FL 33067

SINCERELY,



MANOEL ZUZA LIMA