

2004 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90183 044 ***150.00

DOCUMENT# P02000105913

1. Entity Name
W & L TILE, CORP.

Principal Place of Business 10825 JENNIFER LANE BOCA RATON, FL 33428	Mailing Address 10825 JENNIFER LANE BOCA RATON, FL 33428
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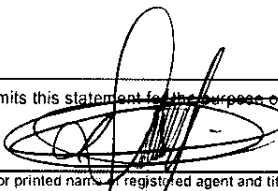
24072401

2. Principal Place of Business 9280 SW 3rd STREET		3. Mailing Address 9280 SW 3rd STREET	
Suite Apt. #, etc. 806		Suite Apt. #, etc. 806	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33428	Country USA	Zip 33428	Country USA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MERTSCHINK, LOTHAR 9280 SW 3rd STREET #806 BOCA RATON, FL 33428		7. Name and Address of New Registered Agent Name MIERTSCHINK, LOTHAR Street Address (P.O. Box Number is Not Acceptable) 9280 SW 3rd STREET #806 City BOCA RATON FL Zip Code 33428	
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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.

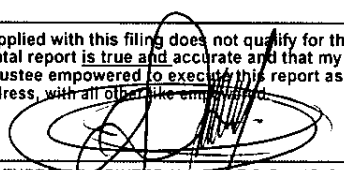
SIGNATURE  DATE **04/30/04**

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VIEIRA, WALLACE G. 10825 JENNIFER LANE BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD MIERTSCHINK, LOTHAR 10190 BOCA ENTRADA BLVD. #230 BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MIERTSCHINK, LOTHAR 9280 SW 3rd STREET #806 BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information.

SIGNATURE:  DATE **04/30/04** S61 883 1318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #