

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90109 025 ***150.00

DOCUMENT# P02000105913

1. Entity
W&L TILE, CORP.



Principal Place of
9280 SW 3RD ST # 806
BOCA RATON, FL 33428

Mailing
9280 SW 3RD ST # 806
BOCA RATON, FL 33428

20026326

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number
22-3873665

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VIEIRA, WALLACE G
10825 JENNIFER LN
BOCA RATON FL 33428

7. Name and Address of Now Registered Agent

Name
MIERTSCHINK, LOTHAR

Street Address (P O Box Number is Not Acceptable)
9280 SW 3RD ST # 806

City
BOCA RATON

FL **Zip Code**
33428

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)

03/13/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 may Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P/T/D** ☐ **Delete**
NAME **MIERTSCHINK, LOTHAR**
STREET ADDRESS **9280 SW 3RD ST # 806**
CITY - ST - ZIP **BOCA RATON FL 33428**

TITLE **V/D** ☐ **Delete**
NAME **CICERO FERRAZ VIANA**
STREET ADDRESS **6800 NW 39TH AVE LOT# 177**
CITY - ST - ZIP **COCONUT CREEK, FL 33073**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **1** ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **Change** ☐ **Additi**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **Change** ☐ **Additi**
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TITLE ☐ **Change** ☒ **Additi**
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 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 qualified by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with an other like filer.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/03 (561) 883-1318