FILED
Sep 10, 2003 8:00 am
Secretary of State

05-01-2003 90289 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000114556

1. Entity Name
AMAZON TILE, INC.

[redacted]

Principal Place of Business	Mailing Address
1248 S MILITARY TRAIL #1721 DEERFIELD BEACH FL 33442	1248 S MILITARY TRAIL #1721 DEERFIELD BEACH FL 33442
2. Principal Place of Business: 4675 BETELNUT ST	3. Mailing Address: 4675 BETELNUT ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33428 Country: USA	Zip: 33428 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 55-0815275 ☐ Applied For ☐ Not Applicable

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
MOREIRA, SEBASTIAO 1248 S MILITARY TRAIL #1721 DEERFIELD BEACH FL 33442	Name: MOREIRA SEBASTIAO Street Address (P.O. Box Number is Not Acceptable): 4675 BETELNUT ST 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 04/28/2003

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	P ☑ Change ☐ Addition
NAME	MOREIRA, SEBASTIAO	NAME	MOREIRA, SEBASTIAO
STREET ADDRESS	1248 S MILITARY TRAIL #1721	STREET ADDRESS	4675 BETELNUT ST
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 04/28/03 Daytime Phone # (954) 418-5235