

PO2000117270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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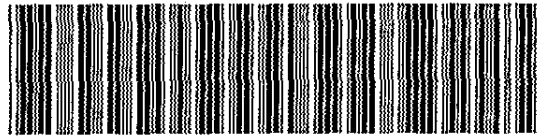
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DIVISION OF CORPORATIONS  
2003 APR 28 PM 5:41

Officer Resignation  
LFS  
# 30-2003

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** M.B. TILE, CORP.

(Name of Corporation)

**DOCUMENT NUMBER:** P02000117270

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CANO, ANGEL

(Name of Person)

M.B. TILE, CORP.

(Name of Firm/Company)

11395 SW 95 ST

(Address)

MIAMI-FL. 33176

(City/State and Zip Code)

For further information concerning this matter, please call:

BRENA, MIGUEL

(Name of Person)

at ( 305 ) 978-4369

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2003 APR 28 PM 5:41

I, CANO, ANGEL, hereby resign as DS  
(Title)

of M.B. TILE, CORP.  
(Name of Corporation)

P02000117270, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314