

2000 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL -9 AM 11:11

DOCUMENT # **P02000134408**

1. Entity Name
BRACAMONTE TILE AND Design - CORP.

2. Principal Place of Business
1432 NE 134 rd (st) NORTH MIAMI - FL - 33161

3. Mailing Address
1432 NE 134 rd

City & State
NORTH MIAMI - FL - FLORIDA

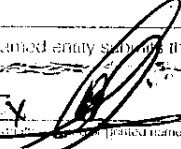
4. FEI Number
51-0438939

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

6. Name and Address of Current Registered Agent
**Julio Cesar Bracamonte
1432 NE 134 RD NORTH MIAMI - FL - 33161**

7. Name and Address of New Registered Agent
**Julio Cesar Bracamonte
1432 NE 134 RD
North MIAMI FL 33161**

8. The above named entity signs this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE 

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT <input type="checkbox"/> Delete NAME Julio Cesar Bracamonte STREET ADDRESS 1432 NE 134 RD (North Miami) CITY - ST - ZIP NORTH MIAMI - FL - 33161	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11)

TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Add 500039383345 07/21/04--01053--004 **150.00
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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 required 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 all other like empowered.

SIGNATURE:  **Julio Cesar Bracamonte** **05/14/04** **305-899-2298**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **786-251-0790**

CR2E-034 (8/96)