

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90020 033 \*\*\*150.00

<b>DOCUMENT #</b> P03000134345
<b>1. Entity Name</b>
ILLUSION MARBLE AND TILE INC

**DO NOT WRITE IN THIS SPACE**

**54061368**

<b>2. Principal Place of Business</b> 12121 SW 107 ST	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b> MIAMI, FL	<b>City &amp; State</b>
<b>Zip</b> 33186	<b>Country</b>

<b>4. FEI Number</b> 61-1460239	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> JOSE A SOLER
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 12121 SW 107 ST
<b>City</b> MIAMI
<b>State</b> FL
<b>Zip Code</b> 33186-3845

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

7/2/04

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	JOSE A SOLER 12121 SW 107 ST MIAMI, FL 33186
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	ELISA SOLER 12121 SW 107 ST MIAMI, FL 33186
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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**11.**

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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

JOSE A SOLER, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/04

Date

(305) 270-0759

Daytime Phone #

Attachment

54061368

For the purpose of this request, please provide the following information: 1. How long have you been in business?  
2. How long have you been in business? 3. How long have you been in business? 4. How long have you been in business?  
5. How long have you been in business? 6. How long have you been in business? 7. How long have you been in business?  
8. How long have you been in business? 9. How long have you been in business? 10. How long have you been in business?

July 2, 2004

Florida Department of State  
P O Box 6327  
Tallahassee, Florida 32314

Subject: ILLUSION MARBLE AND TILE INC.

Ref: P03000134345

Enclosed please find the 2004 Annual Report, along with the payment of \$150.00

We wish to request a waiver of the late fee, because we did not receive the postcard from you, and have been recently advised that the payment was past due since May 1, 2004.

We thank you for your understanding.

Sincerely,

Jose A. Soler  
President

