

2004 **Reinstatement**
2005 UNIFORM BUSINESS REPORT (UBR)

02-21-2005 90061 013 ***300.00
P03000139738

DOCUMENT# P03000139738

1. Entity Name

ALL-SET CERAMIC INSTALLATIONS, CORP.

Principal Place of Business

**10 SW 9th ST., BLDG. 2
POMPANO BEACH, FL 33060**

Mailing Address

**810 SW 9th ST., BLDG. 2
POMPANO BEACH, FL 33060**

2. Principal Place of Business

1400 NE 28th CT.

Suite, Apt. #, etc.

3. Mailing Address

1400 NE 28th CT.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

4. FEI Number

20-0427383

Applied For

Not Applicable

Zip
33064

Country
USA

Zip
33064

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**BOS, RICHARD L.
810 SW 9th ST., BLDG. 2
POMPANO BEACH, FL 33060**

7. Name and Address of Now Registered Agent

**Name
BOS, RICHARD L.
Street Address (P.O. Box Number is Not Acceptable)
1400 NE 28th CT.**

**City
POMPANO BEACH**

FL

**Zip Code
33064**

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

SIGNATURE

[Signature]

02/15/2005

DATE

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, 2005 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 PD
NAME BOS, RICHARD L.
STREET ADDRESS 810 SW 9th ST., BLDG. 2
CITY - ST - ZIP POMPANO BEACH, FL 33060** ☐ Delete

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

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

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CITY - ST - ZIP** ☐ Delete

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE PD
NAME BOS, RICHARD L.
STREET ADDRESS 1400 NE 28th CT.
CITY - ST - ZIP POMPANO BEACH, FL 33064** ☒ Change ☐ Addition

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

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

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

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

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

13. 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 supplementary 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 all other like empowered.

SIGNATURE:

[Signature] **REQUIRED**

SIGNATURE & OFFICE OR PARTIAL NAME OF SIGNING OFFICER OR DIRECTOR

02/15/2005 (754) 245-8608

Date

Daytime Phone #

FILED

05 MAY 27 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66015405

DO NOT WRITE IN THIS SPACE