## 2004 UNIFORM BUSINESS REPORT (UBR)

## Jun 02, 2004 8:00 am **Secretary of State DOCUMENT# P03000139854** 1. Entity Name 05-04-2004 90191 018 \*\*\*150.00 EBEN-EZER TILE MARBLE, INC. Principal Place of Business Mailing Address **5410 BERRYMAN STREET 5410 BERRYMAN STREET** HIALEAH ACRES FL 33971 **HIALEAH ACRES FL 33971** 66425841 2. Principal Place of Business 3 Mailing Address **5410 BERRYMAN STREET 5410 BERRYMAN STREET** Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE Suite Apt.#; etc, City & Stale City & State 4. FEI Number Applied For **LEHIGH ACRES LEHIGH ACRES** 14-1866082 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33971 USA Fee Required 7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent. TAX HOUSE CORPORATION DOS SANTOS, CELSO G Street Address (P 0. Box Number is Not Acceptable) 11601 S CLEVELAND AVE # 6 **5410 BERRYMAN STREET** HIALEAH ACRES FL 33971 City Zip Code 33907 **FORT MYERS** 8. The above named antity sybmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE. INOTE: Registers Agent signature required when reinstating DATE 9. This corporation is eligible to satisfy its Intangible **FILE NOW! FEE IS \$150.00** 10, Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2004 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11 Detate Change Addition TITLE πηξ DOS SANTOS, CELSO G MAME DOS SANTOS, CELSO G STREET ADDRESS 5410 BERRYMAN STREET ATREET AGDRESS **5410 BERRYMAN STREET** CITY-\$T-ZIF HIALEAH ACRES FL 33971 LEHIGH ACRES FL 33971 Delete Addition TITLE TITLE MANE SANTIAGO, JOSE FELIPE NAME SANTIAGO, JOSE FELIPE STREET ADDRESS 5410 BERRYMAN STREET STREET ADDRESS **5410 BERRYMAN STREET** CITY-ST-ZIP CITY-ST-210 HIALEAH ACRES FL 33971 LEHIGH ACRES FL 33971 **Change** ☐ Gelete TITLE TITLE Addition ALE SANTIAGO, EDUARDO NAME SANTIAGO, EDUARDO 4729 PALM BEACH BLVD #38 STREET ADDRESS 4729 PALM BEACH BLVD #38 CITY-ST-ZIP\_ CITY- ST- ZP = HIALEAH ACRES FL 33905 FORT MYERS 33905 TTLE Delete TIPLE Change Addition CAMÉ NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP ☐ Delete Change Addition TIFLE TITLE MARE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE A ME STREET ADDRESS STREET ADDRESS

13. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(3)(1). Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 partitude this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 N changed or on an attachment with an address, with all other-fixe empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

065 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 04/26/2004

FILED

(239) 229-7613