

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

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90349 042 ***150.00

DOCUMENT # P 04000125789

1. Entity Name
DANI TILE AND MARBLE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5402 FLORENCE HARBOR DR.

3. Mailing Address
5402 FLORENCE HARBOR DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO FL.

City & State
ORLANDO FL.

Zip
32829

Country
USA

Zip
32829

Country
USA

4. FEI Number
20-1571155

Applied For
Not Applicable

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

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60029133

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
VICTOR GRIJALBA

Street Address (P.O. Box Number is Not Acceptable)

5402 FLORENCE HARBOR DR.

City
ORLANDO FL Zip Code
32829

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.

X.
SIGNATURE

APRIL 19, 2006

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P. VICTOR GRIJALBA
5402 FLORENCE HARBOR DR.
ORLANDO, FL 32829**

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/06 407-282-3320

Date

Daytime Phone #

CR2E034B (12/02)