FILED
Jul 21, 2006 8:00 am
Secretary of State

06-26-2006 90002 031 ***150.00
07-21-2006 90030 006 ***400.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05000148005

1. Entity Name
GIORGIO TILE & MARBLE INC

DO NOT WRITE IN THIS SPACE

40100521

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2. Principal Place of Business		3. Mailing Address	
7500 POWERS AVE.		7500 POWERS AVE.	
Suite, Apt. #, etc. Apt. # 164		Suite, Apt. #, etc. Apt. # 164	
City & State JACKSONVILLE, FL.		City & State JACKSONVILLE, FL.	
Zip 32217	Country USA	Zip 32217	Country USA

4. FEI Number 02-0760955 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent
Name: MISCHIE, GHEORGHE
Street Address (P.O. Box Number is Not Acceptable): 7500 POWERS AVE. Apt. # 164
City: JACKSONVILLE FL Zip Code 32217

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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 ______________________ 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	PRESIDENT	TITLE	
NAME	MISCHIE, GHEORGHE	NAME	
STREET ADDRESS	7500 POWERS AVE., # 164	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL. 32217	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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: [signature] MISCHIE, GHEORGHE 06/22/06 954-483-8042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #