

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29960

1. Entity Name

PORCELANITE, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90094 007 ***150.00

Principal Place of Business

Mailing Address

20 VICTOR STREET
LEXINGTON NC 27292-5230

20 VICTOR STREET
LEXINGTON NC 27292-5230

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-0639028

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	COBD	<input type="checkbox"/> Delete
NAME	ABOMRAD, ALEJANDRO	
STREET ADDRESS	BOOZUES DE CIRVELOS/NO 130-7	
CITY-ST-ZIP	BOOQUE DE LUS LANAS	
TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	GADEKE, GUY J	
STREET ADDRESS	20 VICTOR STREET	
CITY-ST-ZIP	LEXINGTON NC	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DE MIGUEL, ANTONIO	
STREET ADDRESS	20 VICTOR ST	
CITY-ST-ZIP	LEXINGTON NC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cutler, Ron	
STREET ADDRESS	14275 Midway Road, Suite 220	
CITY-ST-ZIP	Addison, Texas 75001	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Issa, Juan	
STREET ADDRESS	10801 Hammerly Blvd., Suite 246	
CITY-ST-ZIP	Houston, Texas 77043	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dan Rhyme
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00

Date

(336)249-3931

Daytime Phone #

CR2E034 (9/99)