

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 23, 2003 8:00 am**  
**Secretary of State**

06-23-2003 90514 001 \*\*\*300.00

034349 AV

**DOCUMENT # P93000019828**

1. Entity Name  
**B T TILE & MARBLE CONTRACTORS, INC.**



Principal Place of Business  
**5972-B SW 40TH AVE  
FT LAUDERDALE FL 33312  
US**

Mailing Address  
**5972-B SW 40TH AVE  
FT LAUDERDALE FL 33312  
US**



2. Principal Place of Business  
**5000 SW SAND STREET  
Suite, Apt. #, etc.  
Suite 513**

3. Mailing Address  
**5000 SW SAND STREET  
Suite, Apt. #, etc.  
Suite 513**

City & State  
**DAVIE FL**

City & State  
**DAVIE FL**

4. FEI Number **65-0403985**

Applied For  
Not Applicable

Zip **33314** Country **USA**

Zip **33314** Country **USA**

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

**6. Name and Address of Current Registered Agent**

**KOFSKY, DAVID A CPA  
3440 HOLLYWOOD BLVD  
HOLLYWOOD FL 33021**

**7. Name and Address of New Registered Agent**

Name **DAVID BECKER CPA**  
Street Address (P.O. Box Number is Not Acceptable)  
**2404 HOLLYWOOD BLVD**  
City **HOLLYWOOD** FL Zip Code **33020**

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 **David Becker CPA**

DATE **6/23/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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	<b>D INFANTINO, FRANK 5972-B SW 40 AVE FORT LAUDERDALE FL 33312</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT INFANTINO, FRANK 5000 SW SAND STREET SUITE 513 DAVIE FL 33314</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT KYLE VAN HISE 5000 SW SAND STREET SUITE 513 DAVIE FL 33314</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: **SIGNATURE REQUIRED FRANK INFANTINO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-13-02**

Date

**954 571-4493**

Daytime Phone #

CP2E034 (10/02)