

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State
 04-14-2000 90125 023 ***150.00

DOCUMENT # P93000020202

1. Entity Name

MIAMI TILE, CORP.

Principal Place of Business

Mailing Address

9770 S.W. 215 LANE
 FL 33189

9770 S.W. 215 LANE
 MIAMI FL 33189-3708
 US

2. Principal Place of Business

9770 SW 215 LN

3. Mailing Address

9770 SW

Suite, Apt. #, etc.

MIAMI, FL

Suite, Apt. #, etc.

215 LN

City & State

MIAMI, FL

City & State

MIAMI FL

Zip

33189

Country

USA

Zip

33189

Country

USA

4. FEI Number

65-0472847

Applied For

Not Applicable

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

RAMKISSOON, MOHAN
 9770 S.W. 215 LANE
 MIAMI FL 33189

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 ☐ Delete
 NAME **P**
 STREET ADDRESS **RAMKISSOON, MOHAN**
 CITY-ST-ZIP **9770 S.W. 215TH LANE**
MIAMI FL 33189

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **RAMKISSOON, SHEREEN J**
 CITY-ST-ZIP **9770 S.W. 215TH LANE**
MIAMI FL 33189

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MOHAN RAMKISSOON**

Date **4-7-00**

Daytime Phone # **(305) 233-8252**

FILED 04/14/99