2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 06, 2001 8:00 am Secretary of State DOCUMENT # P93000022472 ABC TILE OF TAMPA, INC. 02-06-2001 90239 028 ***150.00 Principal Place of Business Mailing Address 5816 N. HUBERT AVENUE 5816 N. HUBERT AVENUE TAMPA FL 33614 TAMPA FL 33614 BIDIL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3170654 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, VILMA Street Address (P.O. Box Number is Not Acceptable) 5816 N. HUBERT AVENUE **TAMPA FL 33614** Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Delete ☐ Addition TITLE TITLE ☐ Change GONZALEZ, MIGUEL A 5816 N. HUBERT AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33614** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GONZALEZ, VILMA NAME STREET ADDRESS 5816 N. HUBERT AVENUE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33614 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🌣 🏗 jirkilis 🗓 jili 🗆 🗷 🗸 jili 🗸 🖂 🖂 Delete 🥻 TITLE : TITLE . Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS rycladid is that white is CITY-ST-ZIP 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 export 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 addition, with all other like empowered.