FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State DOCUMENT # **P93000024478** 05-15-2001 90045 048 ***150.00 DON TALLET TILE III, INC. Principal Place of Business Mailing Address 4361 SW 8TH STREET 4361 SW 8TH STREET 医前班农民 1 113 MIAMI FL 33134 MIAMI FL 33134 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 65-0401447 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUACES, LORENZO L Street Address (P.O. Box Number is Not Acceptable) 8360 W. FLAGLER ST. #200 MIAMI FL 33144 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition LUACES, LORENZO L NAME NAME 8360 W. FLAGLER ST. #200 STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP MIAMI FL 33144 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 nay-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 teport 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 100 Mg 1/20

SIGNATURE: _