

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90215 048 \*\*\*150.00

**DOCUMENT # P93000024887**

1. Entity Name  
**CUBAN TROPIC TILE INC.**



Principal Place of Business  
**3632 N.W. 37TH AVE.  
MIAMI FL 33142**

Mailing Address  
**3632 N.W. 37TH AVE.  
MIAMI FL 33142**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0406731**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

**CURIEL, RAMON E  
570 SABAL PALM DR  
KEY BISCAYNE FL 33149**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 **PD** ☐ Delete  
NAME **CURIEL, RAMON E**  
STREET ADDRESS **570 SABAL PALM DR**  
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **VD** ☐ Delete  
NAME **CURIEL, ARACELIS**  
STREET ADDRESS **570 SABAL PALM DR**  
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

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

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

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

**04/29/03**

**786-287-2924**

Date

Daytime Phone #

CR2E034 (10/02)

*Attachment#*

**Cuban Tropic Tile Inc.**

3632 Nw 37 Ave \*Miami, Fl 33142

Ph (305) 633-8941 \* Fax (305) 361-7302

E-mail: cubantile@aol.com \* www.artistic-mosaics.com

90132652

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05-09-03

Florida Department of State.  
Division of Corporations  
Uniform Business report Filing  
P.O. Box 1500  
Tallahassee, fl 32302-1500

Dear Sirs,

----- Please find enclosed \$-150- for the 2003 UBR. Our Company was incorporated in 1993 and since its inception we have never failed to file the report on time. This year we sent it on 04-20-03. Nevertheless for some inexplicable reason the envelope was returned in our mailbox yesterday.

I would appeal to you in view of our past performance to consider this payment within the acceptable report time.

Sincerely,

  
Ramon Curiel  
Manager Owner.