

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000083892

1. Entity Name
TILE AMERICA IMPORTS, INC.

Principal Place of Business

11717 CATELLON CT
BOYNTON BEACH FL 33437

Mailing Address

11747 CATELLON CT
BOYNTON BEACH FL 33437

2. Principal Place of Business

6824 MOLAKAI CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOYNTON BEACH

City & State

FLA

Zip

33437

Country

USA

Zip

Country

4. FEI Number

65-0448653

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

KLEIN, MICHAEL L ESQ
1005 PINE ISLAND RD
STE 201
PLANTATION FL 33324

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	HELLMAN, KENNETH	
STREET ADDRESS	11717 CATELLON CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	PVST	<input type="checkbox"/> Delete
NAME	HELLMAN, KENNETH	
STREET ADDRESS	11717 CATELLON CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	S	<input type="checkbox"/> Delete
NAME	HELLMAN, SHEILA	
STREET ADDRESS	11717 CATELLON CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/01

Date

(954) 975-0000

Daytime Phone #

CR2E034 (10/00)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90002 036 ***150.00



DO NOT WRITE IN THIS SPACE