

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000029915

1. Entity Name

OCEAN REEF TILE, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90043 019 ***150.00

Principal Place of Business

5203 NE 24TH TERR
STE B203
FT LAUDERDALE FL 33308
US

Mailing Address

5203 NE 24TH TERR
STE B203
FT LAUDERDALE FL 33308-4924
US

2. Principal Place of Business

4900 Bayview Dr.

3. Mailing Address

4900 Bayview Dr.

Suite, Apt. #, etc.

#26

Suite, Apt. #, etc.

#26

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33308

Country

USA

Zip

33308

Country

USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLER, BURTON D II
5203 NE 24 TERRACE B-203
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name MILLER, BURTON G. II

Street Address (P.O. Box Number is Not Acceptable)
4900 Bayview Dr. #26

City FT. LAUDERDALE FL Zip Code 33308

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 *Burton Miller*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 1/6/00

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

TITLE PVD ☐ Delete
NAME MILLER, BURTON G II
STREET ADDRESS 5203 NE 24 TERRACE B-203
CITY-ST-ZIP FT LAUDERDALE FL 33308

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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
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CITY-ST-ZIP

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: *Burton Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)