

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90007 021 ***150.00

DOCUMENT # P94000047642

1. Entity Name

JHONNY PRADO TILE INC.

Principal Place of Business

**5393 NW 55TH TERRACE
 COCONUT CREEK FL 33073**

Mailing Address

**5393 NW 55TH TERRACE
 COCONUT CREEK FL 33073**

2. Principal Place of Business

**4100 N. Powerline R.D.
 Suite, Apt. #, etc.
 F4**

3. Mailing Address

**4100 N. Powerline R.D.
 Suite, Apt. #, etc.
 F4**

City & State

Coconut Creek Fl.

City & State

Coconut Creek Fl.

Zip
33073

Country

USA

Zip

33073

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0503037

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

**PRADO, JHONNY
 5393 NW 55TH TERRACE
 COCONUT CREEK FL 33073**

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 NAME STREET ADDRESS CITY-ST-ZIP	P PRADO, JHONNY 5393 NW 55TH TERR COCONUT CREEK FL 33073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRADO, RICHARD 181 S.W. 78TH TERRACE MARGATE FL 33063-4721	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRADO, WILLIAM 6598 SALEM STREET N. LAUDERDALE FL 33068	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRADO, AMY 5393 NW 55TH TERRACE COCONUT CREEK FL 33073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

AMY PRADO

4/10/01 954-427-3724

CR2E034 (10/00)