

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91168 048 ***150.00

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DOCUMENT # P94000047642			
1. Entity Name JHONNY PRADO TILE INC.			
Principal Place of Business 4100 N. POWERLINE RD F-4 COCONUT CREEK FL 33073		Mailing Address 4100 N. POWERLINE RD F-4 COCONUT CREEK FL 33073	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pompano Beach		City & State Pompano Beach	
Zip	Country	Zip	Country
4. FEI Number 65-0503037		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <u><i>Amy Prado</i></u> Signature, typed or printed name of registered agent and title if applicable.		<u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE 3/16/02	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRADO, JHONNY	NAME	
STREET ADDRESS	5393 NW 55TH TERR	STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRADO, RICHARD	NAME	
STREET ADDRESS	181 S.W. 78TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063-4721	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRADO, WILLIAM	NAME	
STREET ADDRESS	6598 SALEM STREET	STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRADO, AMY	NAME	
STREET ADDRESS	5393 NW 55TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u><i>[Signature]</i></u>		Date 3/16/02 911-20130 Daytime Phone	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)