

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90073 014 \*\*\*150.00

**DOCUMENT # P94000047642**



1. Entity Name  
**JHONNY PRADO TILE INC.**

Principal Place of Business  
**4100 N. POWERLINE RD  
F-4  
POMPANO BEACH FL 33073**

Mailing Address  
**4100 N. POWERLINE RD  
F-4  
POMPANO BEACH FL 33073**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0503037**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **PRADO, JHONNY**  
STREET ADDRESS **5393 NW 55TH TERR**  
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4980 NW 101 AVE**  
CITY-ST-ZIP **Coral Springs FL 33076**

TITLE **VP** ☒ Delete  
NAME **PRADO, RICHARD**  
STREET ADDRESS **181 S.W. 78TH TERRACE**  
CITY-ST-ZIP **MARGATE FL 33063-4721**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Amy Prado**  
STREET ADDRESS **4980 NW 101 AVE**  
CITY-ST-ZIP **Coral Springs, FL 33076**

TITLE **D** ☐ Delete  
NAME **PRADO, WILLIAM**  
STREET ADDRESS **6598 SALEM STREET**  
CITY-ST-ZIP **N. LAUDERDALE FL 33068**

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

TITLE **S** ☐ Delete  
NAME **PRADO, AMY**  
STREET ADDRESS **5393 NW 55TH TERRACE**  
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **VP** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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

Date

Daytime Phone #

**1-21-03 675-3412**

CR2E034 (10/02)