

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

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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
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4980 NW 101 AVE	
CITY-ST-ZIP	Coral Springs Fl. 33076	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amy Prado	
STREET ADDRESS	4980 NW 101 AVE	
CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Johnny Prado **1-21-03 675-3417**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)