

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000064551

1. Entity Name

J.S. TILES SETTING CORP.

Principal Place of Business

Mailing Address

510 SW 72ND CT
MIAMI FL 33144

510 SW 72ND CT
MIAMI FL 33470-3167

2. Principal Place of Business

3. Mailing Address

3401 SW 130 AVE
Suite, Apt. #, etc.

3401 SW 130 AVE
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33175

Country

Zip

33175

Country

4. FEI Number

65-0516174

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

SANCHEZ, MAIRA
510 SW 72ND CT
MIAMI FL 33144

Tel: 305 551 1856

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

Maira Sanchez - Vice President

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)

TITLE ☐ Delete
NAME D
STREET ADDRESS SANCHEZ, JESUS - President
CITY-ST-ZIP 510 SW 72ND CT
MIAMI FL 33144

TITLE ☐ Delete
NAME D
STREET ADDRESS SANCHEZ, MAIRA - Vice President
CITY-ST-ZIP 510 SW 72ND CT
MIAMI FL 33144

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400004085904-3
CITY-ST-ZIP -04/30/01--01001--019
*****150.00 *****150.00

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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maira Sanchez

4/15/2001

Tel: 305 551 1856

FILED

01 APR 19 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

SP