

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000085579

1. Entity Name

TILE MARKET PALM BEACH, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90195 021 ***150.00

Principal Place of Business

3330 W 45TH ST
WEST PALM BEACH FL 33407
US BEACH

Mailing Address

1450 WEST COPANS ROAD
POMPANO FL 33064-1512

2. Principal Place of Business

3. Mailing Address

3330 W 45th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WEST PALM BEACH FL

4. FEI Number

65-0536668

Applied For

Not Applicable

Zip

Country

Zip

Country

33407

US

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

HAGEN, MAX M
3990 SHERIDAN ST
SUITE 104
HOLLYWOOD FL 33021

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, 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 IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ESQUENAZI, ROBERTO	
STREET ADDRESS	4901 NW 92ND AVE.	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVERBERG, ROBERT	
STREET ADDRESS	305 N. POMPAO BEACH BLVD. #985 PH11	
CITY-ST-ZIP	POMPAO BEACH FL 33-0625	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

115/00 561 6406277
Date Daytime Phone #

CR2E034 (9/99)