

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91153 035 ***150.00

DOCUMENT # P95000024221

1. Entity Name
GARRIDO'S TILE & MARBLE INC.

Principal Place of Business
**220 NE 172 ST.
 NORTH MIAMI BEACH FL 33162**

Mailing Address
**220 NE 172 ST.
 NORTH MIAMI BEACH FL 33162**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16781 SW 38 ST.

3. Mailing Address
16781 SW 38 ST.

Suite, Apt. #, etc.
MIRAMAR Flz

Suite, Apt. #, etc.

City & State
MIRAMAR Flz

City & State
MIRAMAR Flz

4. FEI Number
65-0585309

Applied For
 Not Applicable

Zip
33027 Country
USA

Zip
33027 Country
USA

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

**GARRIDO, MIGUEL
 220 NE 72 STREET
 NORTH MIAMI BEACH FL 33162**

Name
GARRIDO MIGUEL
 Street Address (P.O. Box Number is Not Acceptable)
16781 SW 38 ST.
 City **MIRAMAR FL** Zip Code **33027**

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

4-20-02

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPT	GARRIDO, MIGUEL	220 NE 172 ST.	NORTH MIAMI BEACH FL 33162	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DPT	GARRIDO, MIGUEL	16781 SW 38 ST.	MIRAMAR Flz, 33027	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

4-20-02

Date

(954) 4374353

Daytime Phone #

CR2E034 (9/01)