2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000012733**

BAUL TILE, CORPORATION

VELAZQUEZ, RAUL

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

11282 NW 6TH TERR. **MIAMI FL 33172**

9. This corporation is eligible to satisfy its Intangible

VELAZQUEZ, RAUL

MIAMI FL 33172

MIAMI FL 33172

11232 NW 6TH TERR.

ARENCIBIA, ROSAIDA

11232 NW 8TH TERR.

Tax filing requirement and elects to do so.

(See criteria on back)

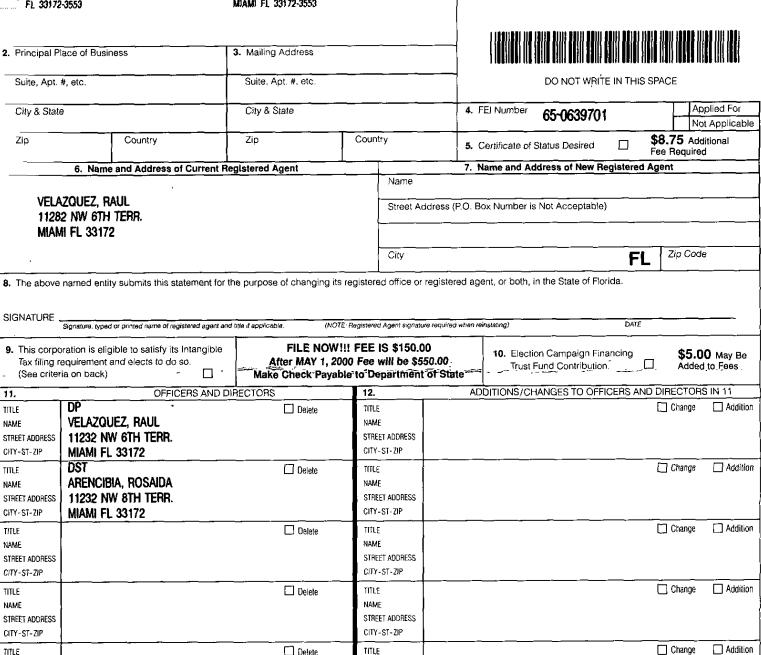
Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Principal Place of Business 11262 NW 6TH TERRACE FL 33172-3553 2. Principal Place of Business		Mailing Address 11282 NW 6TH TERRACE MIAMI FL 33172-3553 3. Mailing Address			
					Suite, Apt. #, etc.
City & State		City & State		4.	
Zip	Country	Zip	Country	5.	
6. Name and Address of Current Registered Agent				7.	

FILED May 16, 2000 8:00 am Secretary of State

05-16-2000 90045 031 ***150.00



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 secute 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 a other like empowered.

City

FILE NOW!!! FEE IS \$150.00

Atter MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

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12.

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE:

Daytime Phone #

Change

Addition