FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2002 8:00 am
Secretary of State
06-04-2002 90206 032 ***150.00

DOCUMENT # P96000035996

1. Entity Name
HAJI TILE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1119 FLUSHING AVE	1119 FLUSHING AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLEARWATER, FLORIDA	City & State: CLEARWATER, FLORIDA
Zip: 33764 Country: USA	Zip: 33764 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3373012 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CHRISTOS HAJIYIANNIS

Street Address (P.O. Box Number is Not Acceptable): 1119 FLUSHING AVE

City: CLEARWATER, FL Zip Code: 33764

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: Christos Hajiyiannis 4/28/02
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) ☐

~~January 1 - May 1: Fee is $150.00~~
~~After May 1: Fee is $500.00~~
~~Amended UBR is $61.25~~
~~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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT CHRISTOS HAJIYIANNIS	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Christos Hajiyiannis PRESIDENT 4/29/02 (727) 536-9033
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Title — Daytime Phone #