

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90120 021 ***150.00

DOCUMENT # 096000054241

1. Entity Name

CAMINO TILE INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3901 CLINT MOORE RD #419

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BOCA RATON

City & State

City & State

FLORIDA

Zip

33496

Country

U.S.A.

Zip

Country

4. FEI Number

65-0676695

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MICHEL CHAMPAGNE PRES.

Street Address (P.O. Box Number is Not Acceptable)

18820 STEWART CIRCLE #3

City

BOCA RATON

FL

Zip Code

33496

**DO NOT WRITE
IN THIS SPACE**

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 ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

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
MICHEL CHAMPAGNE
18820 STEWART CIRCLE #3
BOCA RATON FL 33496

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:

MICHEL CHAMPAGNE Michel Champagne Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

561-213-1908
Daytime Phone #