

5/28

FILED

Jul 10, 2002 8:00 am
Secretary of State

05-28-2002 91534 044 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # *P9600055268*1. Entity Name
*MILLENNIUM MARBLE & TILE, INC.***DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*Suite
BAY #15*

3. Mailing Address

*20725 NE 16TH AVE
BAY #15*

City & State

N. Miami Beach

City & State

*N. Miami Beach*Zip
*33179*Country
*USA*Zip
*33179*Country
USA

4. FEI Number

650678260

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name *William B. Tetreault*Street Address (P.O. Box Number is Not Acceptable)
*4208 ADAMS ST.*City *HOLLYWOOD*

FL

Zip Code
*33021***DO NOT WRITE
IN THIS SPACE***PLEASE READ
CHANGES*

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)**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 *PRESIDENT*
NAME *William B. Tetreault*
STREET ADDRESS *4208 ADAMS ST.*
CITY-ST-ZIP *HOLLYWOOD, FL 33021*TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 or without other like empowered.

SIGNATURE:

*William B. Tetreault**4-29-02**305-770-0086*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/01)