

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

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

05-21-2002 90886 036 ***150.00

DOCUMENT # **P96000056713**

1. Entity Name

TILE & MARBLE DESIGN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2769 SW 27th AVE.

3. Mailing Address

2425 SW 24th AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MIAMI, FLORIDA

MIAMI, FLORIDA

FEI Number 050677973

Applied For

Not Applicable

33133

USA

33133

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

JOSE R. DEFREIXAS

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

2317 S.W. 23rd STREET

MIAMI, FLORIDA

FL 33145

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

PRESIDENT / DIRECTOR PD
JOSE R. DEFREIXAS
2317 SW 23rd Street
MIAMI, FLORIDA 33145

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02

(305) 859-7888

CR2E034B (12/01)