

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 AUG 15 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000074162 (4)**

1. Corporation Name

GAETANO'S UNIVERSAL TILE, MARBLE & HOME IMPROVEMENT, INC.

Principal Place of Business

**10844 SW 88TH STREET #W-3
MIAMI FL 33176**

Mailing Address

**10844 SW 88TH STREET #W-3
MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1986

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0669251

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**STRONKOWSKY, Yemile H.
10844 SW 88TH STREET #W-3
MIAMI FL 33176**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/97

12. OFFICERS AND DIRECTORS

TITLE **P, v.p., s, o** ☐ DELETE

NAME **Stronkowski Yemile H**
STREET ADDRESS **10844 N Kendall Dr. w/3**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300002271673-9
-08/19/97-01091-017
******165.00 ****165.00**

4/15/97

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (4/97)

YEMILE H. STRONKOWSKY OR
TED STRONKOWSKY
10840 N. KENDALL DR. NO. W-3
MIAMI, FL 33176

1103

4/15 19 97

83-398/670
114

PAY TO THE ORDER OF DEPARTMENT OF STATE \$ 165.00
One hundred sixty five and no/100 DOLLARS
Barnett 837-114
11031 North Kendall Drive
Miami, Florida 33176-1004
FOR ID # 65-0669251 Shelli
⑆067003985⑆1103 1465450361⑆

Circle K

JEFFERSON MEMORIAL

To whom it may concern:

We filled our corporation report for 1997 on 04/15/97. The check that we sent has been lost and was never presented to our Bank. We called and talked to Jackie, extension # 544 on 07/21/97 at 11:12 AM and she instructed us to send this in ~~with~~ with the copies of check and the original form sent in. Any questions, please contact us at (305) 279-5464.

Yemile H. Stronkowski
Shelli