## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

NAPLES FL 34109-6239

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

1998 TRADE CENTER WAY, UNIT 3, STE, 105

<u>Country</u>

Name

## DOCUMENT # P96000074417 TILES & STONES/WEST, INC.

Country

6. Name and Address of Current Registered Agent

| Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

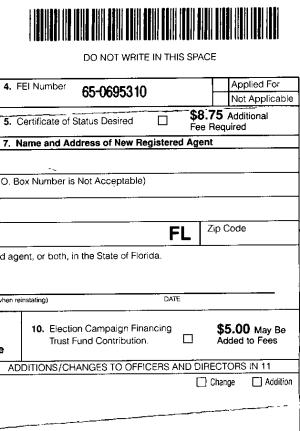
NAPLES FL 34109

1998 TRADE CENTER WAY, UNIT 3, STE, 105

**FILED** Jan 18, 2000 8:00 am Secretary of State

01-18-2000 90155 022 \*\*\*150.00

**UUUU407**3



104 MIAN	AS, JOSE T NW 136TH PL. AI FL 33182		City			EL Zip Code	3
CIONATURE	named entity submits this statement for the		gistered office or			TE.	
Tax filing requirement and elects to do so.  After MAY 1, 2000			Trust Fund Control to Department of State		Election Campaign Financing     Trust Fund Contribution.	☐ Added	<b>0</b> May Be I to Fees
11.	OFFICERS AND DIR	12.					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TOMAS, JOSE T 104 NW 136 PL. MIAMI FL 33182	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIN'MATE OUTGE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	portify that the information supplied with this	☐ Delete	TITLE  NAME  -STREET ADDRESS  CITY-ST-ZIP	and in Spotian	119 07/9/ii) Elorida Statutae I furthou	Change	Addition

I necept 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 Block 12 if changed, 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 #