

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**  
 05-03-2000 90014 019 \*\*\*150.00

**DOCUMENT # P96000078230**

1. Entity Name  
**ZION TILE CORPORATION**

Principal Place of Business      Mailing Address  
 9835 SUNSET DR 13450 S.W. 126 ST  
 MIAMI FL 33143 Suite 10  
 US MIAMI FL 33186  
 9835 SUNSET DR 13450 S.W. 126 ST  
 MIAMI FL 33173-4647 Suite 10  
 US MIAMI FL 33186

**AG051342**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 13450 SW. 126 ST      13450 SW 126 ST  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 Suite 10      Suite 10  
 City & State      City & State  
 Miami FL      Miami FL  
 Zip      Zip      Country      Country  
 33186      33186      USA      U.S.A.

4. FEI Number      65-0705366      Applied For  
 Not Applicable  
 5. Certificate of Status Desired      ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LAMONT & NEIMAN, P.A.  
 ONE BISCAYNE TOWER #3550  
 TWO SOUTH BISCAYNE BLVD  
 MIAMI FL 33131

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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 \_\_\_\_\_ (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)  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	INCHAUSTEGUI, SANDRA		NAME		
STREET ADDRESS	11105 SW 128TH CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra Inchaustegui, President      4/24/00      (305) 252-9077  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)