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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR 17 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000001458 (3)

1. Corporation Name

BATHTUB & TILE REGLAZERS, INC.

Principal Place of Business

13926 SOUTHWEST 46 TERRACE, SUITE A
MIAMI FL 33175

Mailing Address

13926 SOUTHWEST 46 TERRACE, SUITE A
MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 7005 N. Waterway Dr.

Suite, Apt. #, etc.

22 Suite 304

City & State

23 Miami, FL

Zip

24 33155

Country

25 USA

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

01/07/1997

4. FEI Number

65-0716346

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HUBBARD, AMALIA V
STREET ADDRESS 13926 SOUTHWEST 46 TERRACE, SUITE A
CITY-ST-ZIP MIAMI FL 33175 ☐ DELETE

TITLE ST
NAME HUBBARD, STEVE
STREET ADDRESS 13926 SOUTHWEST 46 TERRACE, SUITE A
CITY-ST-ZIP MIAMI FL 33175 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Hubbard, Amalia V.
1.3 STREET ADDRESS 7005 SW 17 TERR.
1.4 CITY-ST-ZIP Miami, FL 33155 ☒ Change ☐ Addition

2.1 TITLE Secy-Treas
2.2 NAME Hubbard, Steve
2.3 STREET ADDRESS 7005 SW 17 TERR.
2.4 CITY-ST-ZIP Miami, FL 33155 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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.

SIGNATURE

Amalia V. Hubbard

(305) 261-8171

CR2E034 (10/97)