

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001458

1. Entity Name

BATHTUB & TILE REGLAZERS, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90099 029 \*\*\*150.00

Principal Place of Business

7005 N. WATERWAY DRIVE  
SUITE 304  
MIAMI FL 33155

Mailing Address

7005 N. WATERWAY DRIVE  
SUITE 304  
MIAMI FL 33144-1674

2. Principal Place of Business

7055 SW 17 Terr.

3. Mailing Address

7055 SW 17 TR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0716346

Applied For

Not Applicable

Zip

33155

Country

Zip

33155

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUBBARD, AMALIA V  
7005 N WATERWAY DR  
STE 304  
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

Amalia V. Hubbard

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

7055 SW 17 TR.

City

MIAMI

FL

Zip Code

33155

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

Amalia V. Hubbard

Amalia V. Hubbard

4-28-00

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) ☐

**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

TITLE ☐ Delete

NAME HUBBARD, AMALIA V  
STREET ADDRESS 7055 S.W. 17 TERRACE  
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Delete

NAME VST  
STREET ADDRESS HUBBARD, STEVE  
CITY-ST-ZIP 7055 S.W. 17 TERRACE  
MIAMI FL 33155

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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: Amalia V. Hubbard Amalia V. Hubbard 4-28-00 305 241-8050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/93)