2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAM

FILED Jan 22, 2001 8:00 am Secretary of State DOCUMENT # P97000002968 1. Entity Name FREEWAY BRICK & TILE, INC. 01-22-2001 90135 030 ***150.00 Principal Place of Business Mailing Address 1600 NE 35TH ST 1600 NE 35TH ST POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 000220 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0719443 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILVA, MARCELO O. Street Address (P.O. Box Number is Not Acceptable) 1600 NE 35TH ST ~ POMPANO BEACH FL 33064 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Delete TITLE ☐ Change Addition NAME SILVA, MARCELO O NAME STREET ADDRESS STREET ADDRESS 1600 NE 35TH ST. CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH FL 33064 TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does xemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information not qualify for that my indicated on this report or supplemental report is true and accur ature shall have the same legal effect as if made under oath; that I am an officer or director led by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered to exec changed, or on an attachment with an address, with all other to ured by