

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007185

1. Entity Name

MARIO'S TILES, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90141 036 ***150.00

Principal Place of Business

116 SE 4TH STREET
STE 15
HALLANDALE FL 33009

Mailing Address

116 SE 4TH STREET
HALLANDALE FL 33009-6485

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT LAUD FL

City & State

FT LAUD FL

4. FEI Number

58-2279212

Applied For

Not Applicable

Zip

33314

Country

Broward

Zip

33314

Country

Broward

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LECLERC, SUZANNE
116 SE 4TH STREET
STE 15
HALLANDALE FL 33009

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

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 P
NAME LECLERC, SUZANNE
STREET ADDRESS 116 SE 4 ST STE 15
CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

TITLE D
NAME LECLERC, MARIO
STREET ADDRESS 116 SE 4ST STE 15
CITY-ST-ZIP HALLANDALE FL 33009 ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE OWNER
NAME SUZANNE Leclerc ☒ Change ☐ Addition
STREET ADDRESS 3055 BURRIS Rd
CITY-ST-ZIP FT LAUD FL 33314

TITLE D
NAME MARIO Leclerc ☒ Change ☐ Addition
STREET ADDRESS 3055 BURRIS Rd
CITY-ST-ZIP FT LAUD FL 33314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

457-231