

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90051 029 ***150.00

DOCUMENT # P97000029974

1. Entity Name

CDN TILE SETTER, INC.

Principal Place of Business 301 N.E. 14 AVENUE SUITE 501 HALLANDALE FL 33309 US	Mailing Address 301 N.E. 14 AVENUE SUITE 501 HALLANDALE FL 33009-7442 US
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2. Principal Place of Business 118 NW 2ND ST.	3. Mailing Address 118 N.W. 2ND ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HALLANDALE, FL	City & State HALLANDALE, FL
Zip 33009	Country U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0743032	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BOGOVICIU, CAROL
1100 NE 1ST CT #1
HALLANDALE FL 33309

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 _____ DATE _____
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 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 D	<input type="checkbox"/> Delete
NAME BOGOVICIU, CAROL	
STREET ADDRESS 301 N.E. 14 AVENUE #501	
CITY-ST-ZIP HALLANDALE FL 33009	
TITLE O	<input type="checkbox"/> Delete
NAME AMORTEGUI, DOLLY	
STREET ADDRESS 301 N.E. 14 AVENUE #501	
CITY-ST-ZIP HALLANDALE FL 33009	
TITLE VP	<input type="checkbox"/> Delete
NAME JESUS, MAR	
STREET ADDRESS 3501 N.E. 1ST TERRACE #B	
CITY-ST-ZIP POMPANO FL 33064	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *x CAROL BOGOVICIU* **03.15.00** **(954) 4582432**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)