

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000029974

1. Entity Name
CDN TILE SETTER, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90031 025 ***158.75

Principal Place of Business
118 NW 2ND ST.
HALLANDALE FL 33009
US

Mailing Address
118 NW 2ND ST.
HALLANDALE FL 33009
US

2. Principal Place of Business
2031 NW 22ND ST
Suite, Apt. #, etc.

3. Mailing Address
2031 NW 22ND ST
Suite, Apt. #, etc.

City & State
POMPANO BEACH FL

City & State
POMPANO BEACH FL

Zip
33069

Country

Zip
33069

Country

4. FEI Number 65-0743032

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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: BOGOVICIU CAROL
Street Address (P.O. Box Number is Not Acceptable): 2031 NW 22ND ST
City: POMPANO BEACH FL Zip Code: 33069

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: CAROL BOGOVICIU
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: Jan 4, 2001

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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGOVICIU, CAROL		NAME		
STREET ADDRESS	301 N.E. 14 AVENUE #501		STREET ADDRESS	17623 NW 66th Ct.	
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP	HALEAH FL 33015	
TITLE	O	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMORTEGUI, DOLLY		NAME		
STREET ADDRESS	301 N.E. 14 AVENUE #501		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESUS, MAR		NAME		
STREET ADDRESS	3501 N.E. 1ST TERRACE #B		STREET ADDRESS		
CITY-ST-ZIP	POMPANO FL 33064		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: CAROL BOGOVICIU
Signature and typed or printed name of signing officer or director
Date: Jan 4, 2001
Daytime Phone #

0134152

CR2E034 (10/00)