

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042392

1. Entity Name

P. LEON TILES, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90153 014 ***150.00

Principal Place of Business

Mailing Address

1631 NW 36TH AVE
MIAMI FL 33125

1631 NW 36TH AVE
MIAMI FL 33125-1735

2. Principal Place of Business

1631 N.W. 36 Ave.

3. Mailing Address

1631 N.W. 36 Ave.

Suite, Apt. #, etc.

MIAMI, FL.

Suite, Apt. #, etc.

MIAMI

City & State

City & State

FL.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0771463

Applied For

Not Applicable

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

Zip
33125

Country

Dade

Zip

33125

Country

Dade

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEON, PABLO
1631 NW 36TH AVE
MIAMI FL 33125

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS LEON, PABLO
CITY-ST-ZIP 1631 NW 36TH AVE
MIAMI FL 33125

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

TITLE ☐ Delete
NAME S
STREET ADDRESS LEON, ALBA
CITY-ST-ZIP 1631 NW 36TH AVE
MIAMI FL 33125

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

TITLE ☐ Delete
NAME V
STREET ADDRESS LEON, ILIANA
CITY-ST-ZIP 1631 NW 36TH AVE
MIAMI FL 33125

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

TITLE ☐ Delete
NAME T
STREET ADDRESS LEON, ALEXANDER
CITY-ST-ZIP 1631 NW 36TH AVE
MIAMI FL 33125

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Pablo Leon **REQUIR** Pablo Leon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-00
Date

305-633-0813
Daytime Phone #