

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90067 046 ***150.00

0193252 AV

DOCUMENT # P97000042392

1. Entity Name
P. LEON TILES, INC.

Principal Place of Business

**1631 NW 36TH AVE
 MIAMI FL 33125**

Mailing Address

**1631 NW 36TH AVE
 MIAMI FL 33125**

2. Principal Place of Business

1631 N.W. 36 Ave.

3. Mailing Address

1631 N.W. 36 Ave.

Suite, Apt. #, etc.

Miami, FL (House)

Suite, Apt. #, etc.

House

City & State

FL

City & State

Miami, FL

Zip

33125

Country

Dade

Zip

33125

Country

Dade

4. FEI Number

65-0771463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

LEON, PABLO

1631 NW 36TH AVE

MIAMI FL 33125

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

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, 2002 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 NAME ☐ Delete

**P
 LEON, PABLO
 1631 NW 36TH AVE
 MIAMI FL 33125**

TITLE NAME ☐ Delete

**S
 LEON, ALBA
 1631 NW 36TH AVE
 MIAMI FL 33125**

TITLE NAME ☐ Delete

**V
 LEON, ILIANA
 1631 NW 36TH AVE
 MIAMI FL 33125**

TITLE NAME ☐ Delete

**T
 LEON, ALEXANDER
 1631 NW 36TH AVE
 MIAMI FL 33125**

TITLE NAME ☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-02

Date

305-633-0813

Daytime Phone #

CR2E034 (9/01)