## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MICHAEL J. Freeman.

## FILED Mar 12, 2001 8:00 am Secretary of State DOCUMENT # P97000044276 PORCELANOSA FLORIDA CORPORATION 03-12-2001 90387 001 \*\*\*155.00 03-12-2001 90387 002 \*\*\*\*\*3.75 Mailing Address Principal Place of Business 8700 NW-13TH 8700 NW 13TH TERR MIAMI FL 33172 V V V 4 MIAMI FL 33172 US 3. Mailing Address 2. Principal Place of Business 153 Sevilla Avenue P.O. Box 140668 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4, FEI Number City & State Coral Gables, Coral Gables, FL 65-0780648 Not Applicable Country Country USA \$8.75 Additional Zip 33114 5. Certificate of Status Desired 33134 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REGISTERED AGENT CORP BERENGUER, ENRIQUE Street Address (P.O.:Box Number is Not Acceptable) 8700 NW 13 TERR MIAMI FL-83172 33134 Coral Gables, Florida Zip Code City FL 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. Pres 3-6-0] SIGNATURE agent and title if applicable. Man, Fresident FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Change Delete TITLE TITLE RAMOS JOSE SORIANO NAME NAME CTRA-NA40 KM-56 STREET ADDRESS STREET ADDRESS WILLARREAL, ESPANA-12540 CITY-ST-ZIP CITY-ST-7IP ☐ Addition X Change TITLE ☐ Delete TITLE SORIANO, MARIA JOSE SORIANO, MARIA JOSE NAME NAME CTRA. N-340 KM 56 CTRA. N-340 KM. 56 STREET ADDRESS STREET ADDRESS VILLARREAL, ESPANA CA 12540 CITY-ST-ZIP Villarreal, Espana CA CITY-ST-ZIP ☐ Addition-S- --TITLE ☐ Delete COLONQUES, HECTOR NAME NAME STREET ADDRESS CTRA. N-340 KM. 56 STREET ADDRESS CITY-ST-ZIP VILLARREAL, ESPANA CA 12540 CITY-ST-ZIP Change ■ Addition TITLE TITLE Delete RAMOS, JUAN F NAME NAME STREET ADDRESS CTRA, N-340 KM, 56 STREET ADDRESS VILLARREAL, ESPANA CA 12540 CITY-ST-ZIP CITY-ST-ZIP ★ Addition Change VP+ASST. SFCT. TITLE Delete TITLE NAME FREFMAN, MICHAFI J. NAME STREET ADDRESS STREET ADDRESS 153 Sevilla Avenue CITY-ST-ZIP CITY-ST-7IP Coral Gables, FL 33134 Maddition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Vice President