

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069597

1. Entity Name

ROJAS TILE, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90065 024 ***150.00

Principal Place of Business

Mailing Address

4610-ST-CROIS-LANE
SUITE-1012
NAPLES FL 34109

4610-ST-CROIS-LANE
SUITE-1012
NAPLES FL 34120-4429

2. Principal Place of Business

3. Mailing Address

885 Grand Rapids Blvd. 885 Grand Rapids Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Naples Florida

City & State

Naples Florida

4. FEI Number

59-3466699

Applied For

Not Applicable

Zip

34120

Country

USA

Zip

34120

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROJAS, ANTONIO

4610-ST-CROIS-LANE

SUITE-1012

NAPLES FL 34109

Name

Rojas, Antonio

Street Address (P.O. Box Number is Not Acceptable)

885 Grand Rapids Blvd.

City Naples

FL

Zip Code

34120

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 ROJAS, ANTONIO
STREET ADDRESS 8513 PAJARO COURT
CITY-ST-ZIP ORLANDO FL 32836

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
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TITLE ☐ Delete
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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:

Antonio Rojas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00
Date

(941) 554-8124
Daytime Phone #

CR2E034 (9/99)