

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90235 040 \*\*\*550.00

0021562 AV

**DOCUMENT # P97000070685**  
**1. Entity Name**  
**B & H TILE AND MARBLE, INC.**

<b>Principal Place of Business</b> 2679 W 76TH ST HIALEAH FL 33016 US	<b>Mailing Address</b> 2679 W 76TH ST HIALEAH FL 33016 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
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<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
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<b>4. FEI Number</b> 65-0830739	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**  
 AVELLAN, LILIANA V ESQ.  
 306 ALCAZAR AVENUE  
 SUITE 302  
 CORAL GABLES FL 33134

**7. Name and Address of New Registered Agent**  
 Name: Alejandro Henriquez  
 Street Address (P.O. Box Number is Not Acceptable):  
6850 Sunrise Ct.  
 City: Coral Gables FL Zip Code: 33133

**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] **President.** 072401  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.</b> <input type="checkbox"/> <small>(See criteria on back)</small>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>D</b>	<input type="checkbox"/> Delete	TITLE: <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HENRIQUEZ, ALEJANDRO</b>		NAME: <b>Alejandro Henriquez</b>	
STREET ADDRESS: <b>2679 WEST 79TH STREET</b>		STREET ADDRESS: <b>6850 Sunrise Ct</b>	
CITY-ST-ZIP: <b>HIALEAH FL 33016</b>		CITY-ST-ZIP: <b>Coral Gables, FL 33133</b>	
TITLE: <b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE: <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BLANCO, DELFIN</b>		NAME: <b></b>	
STREET ADDRESS: <b>2679 W 76TH ST</b>		STREET ADDRESS: <b></b>	
CITY-ST-ZIP: <b>HIALEAH FL 33016</b>		CITY-ST-ZIP: <b></b>	
TITLE: <b>S</b>	<input type="checkbox"/> Delete	TITLE: <b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BLANCO, ORLANDO</b>		NAME: <b>ORLANDO BLANCO</b>	
STREET ADDRESS: <b>2679 W 76TH ST</b>		STREET ADDRESS: <b>8325 NW 157 Terr</b>	
CITY-ST-ZIP: <b>HIALEAH FL 33016</b>		CITY-ST-ZIP: <b>MIAMI LAKES, FL 33016</b>	
TITLE: <b></b>	<input type="checkbox"/> Delete	TITLE: <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b></b>		NAME: <b></b>	
STREET ADDRESS: <b></b>		STREET ADDRESS: <b></b>	
CITY-ST-ZIP: <b></b>		CITY-ST-ZIP: <b></b>	
TITLE: <b></b>	<input type="checkbox"/> Delete	TITLE: <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b></b>		NAME: <b></b>	
STREET ADDRESS: <b></b>		STREET ADDRESS: <b></b>	
CITY-ST-ZIP: <b></b>		CITY-ST-ZIP: <b></b>	
TITLE: <b></b>	<input type="checkbox"/> Delete	TITLE: <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b></b>		NAME: <b></b>	
STREET ADDRESS: <b></b>		STREET ADDRESS: <b></b>	
CITY-ST-ZIP: <b></b>		CITY-ST-ZIP: <b></b>	

**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] **SIGNATURE REQUIRED** 07-24-01 305-477-8210  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)