

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078304

1. Entity Name

TAKE OUT TILES PLUS, INC.

Principal Place of Business

887 JACKSON AVE
WINTER PARK FL 32789

Mailing Address

887 JACKSON AVE
WINTER PARK FL 32789

2. Principal Place of Business

10829 DOMINICO ST.

3. Mailing Address

10829 DOMINICO ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32825

Country

Zip

32825

Country

4. FEI Number

59-3468176

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, VIERA N
10829 DOMINICO STREET
ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name ROBERTO DELGADO

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

10829 DOMINICO ST.

City ORLANDO

FL

Zip Code 32825

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

3/2/02

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 State10. 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 PD
NAME PEREZ, VIERA N
STREET ADDRESS 10829 DOMINICO STREET
CITY-ST-ZIP ORLANDO FL 32825 Delete Delete Change AdditionTITLE SVD
NAME DELGADO, ROBERTO
STREET ADDRESS 10829 DOMINICO STREET
CITY-ST-ZIP ORLANDO FL 32825 Delete Delete Change AdditionTITLE S
NAME CONTRERAS, JOSE
STREET ADDRESS 4312 SADDLECREEK PL
CITY-ST-ZIP ORLANDO FL 32829 Delete Delete Change AdditionTITLE VPS
NAME PEREZ, JENNIFER
STREET ADDRESS 1761 WATAGA AVE 105
CITY-ST-ZIP ORLANDO FL 32812 Delete Delete Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete Delete Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete Delete Change Addition

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

3/2/02 (407) 599-6767
Daytime Phone #

CR2E034 (9/01)