

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082114

1. Entity Name

INTERNATIONAL TILE CORPORATION

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90371 002 ***150.00

Principal Place of Business

7231 S.W. 140 AVE.
MIAMI FL 33183

Mailing Address

7231 S.W. 140 AVE.
MIAMI FL 33183-3149

2. Principal Place of Business

3318 NW 79 AVE

3. Mailing Address

7800 NW 32 ST

Suite, Apt. #, etc.

UNIT 8A

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI, FL

4. FEI Number

65-0788022

Applied For

Not Applicable

Zip

33122

Country

USA

Zip

33122

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, IVAN
7231 S.W. 140 AVE.
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name ORTIZ, IVAN

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

7800 NW 32 ST

City MIAMI

FL

Zip Code

33122

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

TITLE PTD
NAME ORTIZ, IVAN
STREET ADDRESS 7231 S.W. 140 AVE.
CITY-ST-ZIP MIAMI FL 33183 ☐ Delete

TITLE VSD
NAME ORTIZ, ROSEMARIE A
STREET ADDRESS 7231 SW 140TH AVE
CITY-ST-ZIP MIAMI FL 33183-3149 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

Date

Daytime Phone #

CR2E034 (9/99)