2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9800004162 Apr 17, 2001 8:00 am Secretary of State 1. Entity Name SAWGRASS MARBLE & TILE, INC. 04-17-2001 90044 005 ***150.00 Rincipal Place of Business Mailing Address 2264 SALERNO CHR 2264 SALERNO SIR AVENTURA 51 33327 AVENTURA 33327 2. Principal Place of Business 2264 SALERNO CIR SALERNO CIR DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0810217 WESTOX Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ... 6.. Name and Address of Current Registered Agent.... 7. Name and Address of New Registered Agent BOSSH, ERIC F 2264 SALEBNO CIR aventura fl 33180 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, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITI F ☐ Delete TITLE ☐ Addition BOSCH, ERIC F NAME NAME STREET ADDRESS 2264 SALERNO CIR STREET ADDRESS CITY-ST-ZIP WESTON FL 33327 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete` TITLE ☐ Change --- ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC F. BOSCH 4/11/01

658-744

Daytime Phone #