## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## $\mathtt{FILED}$ DOCUMENT # P98000009659 Jul 13, 2000 8:00 am Secretary of State EXOTIC CONCRETE TILES, CORP. 07-13-2000 90022 008 \*\*\*150.00 Principal Place of Business Mailing Address 16241 SW 2ND DRIVE 16241 SW 2ND DRIVE PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0814000 Not Applicable Zip Country Country 5. Certificate of Status Desired -Fee Required -- --7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NOSTHAS-MANUEL, ANA Street Address (P.O. Box Number is Not Acceptable) **16241 SW 2ND DRIVE** PEMBROKE PINES FL 33027 City Zip Code FI 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE ☐ Delete TITLE NAME NOSTHAS-MANUEL, ANA NAME STREET ADDRESS STREET ADDRESS 16241 SW 2ND DRIVE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33027 ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NOSTHAS, VICTOR NAME STREET ADDRESS STREET ADDRESS 16241 SW 2ND DRIVE CITY-ST-7IP CITY-ST-ZIP PEMBROKE PINES FL 33027 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NOSTHAS, SANTA I NAME NAME STREET ADDRESS STREET ADDRESS 16241 SW 2ND DRIVE CITY-ST-ZIP CITY-ST-7IP PEMBROKE PINES FL 33027 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

## **EXOTIC CONCRETE TILES, CORP.**

AHachment DHF P980UXU9659 DOVG9993

16241 S.W. 2nd. Drive, Pembroke Pines, Fl. 33027

Phone (954) 438-7685 Fax (954) 438-7685

July 08, 2000

Department of State Division of Corporation P.O.Box 6327 Tallahassee, FL 32314.

Dear Sirs.

On July 6th we received the second notice for 2000 Uniform Business Report in wich you are applying a fee of \$550.00 including in this amount a late fee of \$400.00 for not sending the payment on the due date. We were supossed to receive a first notice but we never got it and we imagine that it was a problem generated by the post office eventhough we have never change our address. Since we have been very punctual on the payment of this fee and it wasn't a delayed originated by us we are kindly asking you to reconsider not to fine our corporation getting at the same time the compromise for next year to send the payment on time either if we get or not the first notice.

Looking forward to have a favorable solution for our request.

Very truly yours.

Santa I. Nosthas.

Secretary and Treasure.