

DOCUMENT # P98000009659

1. Entity Name  
EXOTIC CONCRETE TILES, CORP.

Principal Place of Business

16241 SW 2ND DRIVE  
PEMBROKE PINES FL 33027

Mailing Address

16241 SW 2ND DRIVE  
PEMBROKE PINES FL 33027

2. Principal Place of Business

3273 Hollywood Blvd  
Suite, Apt. #, etc.  
Hollywood, FL  
City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0814000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NOSTHAS-MANUEL, ANA  
16241 SW 2ND DRIVE  
PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	NOSTHAS-MANUEL, ANA	16241 SW 2ND DRIVE	PEMBROKE PINES FL 33027	<input type="checkbox"/>
VD	NOSTHAS, VICTOR	16241 SW 2ND DRIVE	PEMBROKE PINES FL 33027	<input type="checkbox"/>
STD	NOSTHAS, SANTA I	16241 SW 2ND DRIVE	PEMBROKE PINES FL 33027	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90008 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)