

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032509

1. Entity Name

CERAMICA AMERICA, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90096 043 ***150.00

Principal Place of Business

Mailing Address

~~7020-02 AVE~~ 16375 NE 18 Ave.
VERO BEACH FL 32907 N. Miami #202
US Bch, FL 33162

4040 LA PLAYA BLVD
COCONUT GROVE FL 33133-6319

2. Principal Place of Business

3. Mailing Address

16375 NE 18 Ave.
Suite, Apt. #, etc.
202

Suite, Apt. #, etc.

City & State
N. Miami Bch, FL

City & State

4. FEI Number 65-0826492

Applied For

Not Applicable

Zip 33162 Country USA

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAHRKEY, KEITH
4040 LA PLAYA BLVD
COCONUT GROVE FL 33133

Name ELLEN KLAPPHOLZ

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

SAME

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 Ellen Klappholz - Admin.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME KLAPPHOLZ, MARIO ☐ Delete
STREET ADDRESS 4040 LA PLAYA BLVD
CITY-ST-ZIP COCONUT GROVE FL 33133

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: R. O. [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00 305-667-709

Date

Daytime Phone #

CR2E034 (9/99)