

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 15 PM 5:00

DOCUMENT # P98000032919

1. Entity Name

M.A.Z. TILE, INC

Principal Place of Business

802 NW 133 COURT
MIAMI, FL 33182

Mailing Address

802 NW 133 COURT
MIAMI, FL 33182

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

65-0828181

Applied For

Not Applicable

Zip

Country

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

CORONADO, RAMONA
7360 CORAL WAY STE 21
MIAMI, FLORIDA, 33155

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 date if applicable.

(NOTE: Registered Agent signature required when relinquishing)

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 \$350.00
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

☐ Delete

TITLE PD
NAME VAZQUEZ, MIGUEL A.
STREET ADDRESS 802 NW 133 COURT
CITY- ST- ZIP MIAMI, FLORIDA 33182

TITLE VSD
NAME VAZQUEZ, ZORAIDA
STREET ADDRESS 802 NW 133 COURT
CITY- ST- ZIP MIAMI, FLORIDA 33182

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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CITY- ST- ZIP

☐ Change ☐ Addition

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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 #

CR2034 (1/00)

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M.A.Z. TILE, INC.
802 NW 133 COURT
MIAMI, FL 33182

November 9, 2001

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Corporation Annual Report Doc # P98000032919


Gentlemen:

I wanted to check out something on my corporation, and upon looking at your website, I just discover that it had been "Administratively Dissolved"

I did call your office who told me to send you this letter, and ask you to abate the penalties, due to the fact that I had not received your forms on the mail.
I have taken the liberty of enclosing a check in the amount of \$150.00 to cover the annual corporation fee.

Trusting that you would understand and waive the fee for the penalty, I remain

Sincerely,


Miguel A. Vazquez, President