

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90087 003 ***150.00

DOCUMENT # P98000045023

1. Entity Name

CLASSIC Tile & CARPET INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7930 W 26 AVE #4

Suite, Apt. #, etc.

Bay #4

City & State

MIAMI BEACH FLA.

Zip

33016

Country

DADE

3. Mailing Address

7930 W 26 AVE

Suite, Apt. #, etc.

Bay #4

City & State

MIAMI BEACH, FLA.

Zip

33016

Country

DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0843733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

EUGENIO ARMAS

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

14500 LAKE CANDLEWOOD CT.

MIAMI LAKES

City

FLA.

FL

Zip Code

33014

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

Eugenio Armas

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/26/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

EUGENIO ARMAS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ALVARO CORNAVACA

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

14500 LAKE CANDLEWOOD CT

MIAMI LAKES FLA.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

19721 NW 48 AVE

MIAMI FLA 33055

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Eugenio Armas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (305) 825-1509

Date

Daytime Phone #

CR2E034B (12/01)