	UNIFORM BUSI	NESS REPO	DRT	(UBR)		ADE	grwel		
OCUMENT # P98000049692 Entity Name						Ari	AND TILED	, ,	
LEMIKA BRICK, TILE & PAVERS, INC.						00 APR -5 AM 9: 10			
21 N	od Dusiness W 9th Ave # 3-A D Beach,FL 33064	Mailing Address Gineraled SAME				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
incipal Pi	lace of Business	3. Mailing Address				_	.a.N.105	'מער	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- 04-05	-2000 DO NOT WRITE I	IN THIS SPACE	70.	
ity & State		City & State			4. FEI Number Applied For 65-0838206 Not Applicable				
p _	Country	Zip	Count	lry	5. Certificate of	f Status Desired	\$8.75 Ar	dditional	
	6. Name and Address of Current R	egistered Agent	<del></del>	Nama	7. Name and A	ddress of New Reg			
CLAUDIONOR LEMIKA				Name	(00 0	Tables A constitut			
	NW 9th Ave # 3-A no Beach, FL 33064			Street Addre	ss (P.O. Box Number	is Not Acceptable)	<del></del>		
				Ciby			Zip Co		
ne above named entity submits this statement for the purpose of changing its re-				City			FL Zip Co		
e criteria	a on back)	Make Check Paya RECTORS	ble to De	partment of	State 11	Fund Contribution.  HANGES TO OFFICE		d to Fees	
	P/VP/T/S	- LX Delete	TITLE				☐ Change		
ODRESS	ALEX SANDER DA SI 3821 NW 9th Ave #		NAME	T ADDRESS				☐ Addition	
ZIP	Pompano Beach, FL	33064	-}	ST-ZIP	VP/T/S/D				
[		☐ Delete	TITLE NAME	Çi	AUDIONOR	LEMIKA	☐ Change	Addition	
ddress   Zip					321 NW 9th ompano Bea				
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DDRESS			STREE	T ADDRESS			~		
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	<del></del>	☐ Delete	CITY-S	31" ZHF		<del></del>	∩ □ Change	☐ Addition	
+				J		<i>L V</i>	1 I W \	. ]	
			NAME Stree	ADDRESS		<i>M</i> (	$HI \longrightarrow HI$	1	
ODRESS	ertify that the information subplied with the on this report or supplemental report is to		STREET CITY-S						