

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90334 035 ***150.00

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1. Entity Name

VINTAGE TILE AND MARBLE, INC.



Principal Place of Business

911 SOUTH 58TH AVENUE
STE A
HOLLYWOOD FL 33023
US

Mailing Address

911 SOUTH 58TH AVENUE
STE A
HOLLYWOOD FL 33023
US

2. Principal Place of Business

5799 SW 25th Street
Suite, Apt. #, etc.

3. Mailing Address

5799 SW 25th Street
Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood, FL

Zip

33023

Country

USA

Zip

33023

Country

US

4. FEI Number

65-0852869

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALEMI, FRANCESCO
1041 S. PARK RD.
APT #112
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

Francesco Salemi

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

901 Washington St.

City

Hollywood

FL

Zip Code

33019

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Francesco Salemi

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

(NOTE: Registered Agent signature required when reinstating)

4/13/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SALEMI, FRANCESCO
STREET ADDRESS 901 WASHINGTON ST
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

Francesco Salemi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/04 954-966-8833