

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2002 8:00 am
Secretary of State

012071 AV

DOCUMENT # **P98000069824**

1. Entity Name
L & G VERTICAL AND TILE CORP.

06-30-2002 90229 020 ***150.00

Principal Place of Business Mailing Address
225 W. 21 ST. **225 W. 21 ST.**
HIALEAH FL 33010 **HIALEAH FL 33010**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
65-0856151 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
GOMEZ, GUSTAVO
6873 W 36 AVE. NO. 102
HIALEAH FL 33018

7. Name and Address of New Registered Agent
 Name **Luisa Dieguez**
 Street Address (P.O. Box Number is Not Acceptable)
3217 SW 138 Court
 City **Miami** FL Zip Code **33175**

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 *Luisa Dieguez* DATE **4/20/02**
Signature, typed or printed name of registered agent and state (if applicable). (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 Delete
 NAME **PD GOMEZ, GUSTAVO**
 STREET ADDRESS **6873 W 36 AVE. NO. 102**
 CITY-ST-ZIP **HIALEAH FL 33018**

TITLE Change Addition
 NAME **President Luisa Dieguez**
 STREET ADDRESS **3217 SW 138 Court Miami, FL 33175**
 CITY-ST-ZIP

TITLE Delete
 NAME **VD MONTES DE OCA, JORGE F**
 STREET ADDRESS **2475 SW 18 STREET**
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 STREET ADDRESS
 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)(l), 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: *Luisa Dieguez* DATE **4/20/02** TELEPHONE **(305) 525-4872**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)