## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P98000079553**

2001 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P98000079553  1. Entity Name  G ALFONSO TILE & MARBLE, INC.						Ma		FILE 1, 200		00 am
						May 11, 2001 8:00 am Secretary of State				
Principal Place of 520 S.W. 135TH		Mailing Address 4520 S.W. 135TH AVENUE MIAMI FL 33155					U U U Z U		JO4 130	,,,,,,
2. Principal Pla	ace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEL Number NOT APPLICABLE Applied For Not Applicable					
Zip	Country	Zip	Country		1	cate of Stat	us Desired		\$8.75 Addit	
	6. Name and Address of Current F	Registered Agent			7. Name	and Addre	ss of New I	Registered A		
ALFONSO, GUILLERMO 4520 S.W. 135TH AVENUE MIAMI FL 33155				Name Street Address (P.O. Box Number is Not Acceptable)						
MAMI	I FL 33155		(	Dity				FL	Zip Code	
SIGNATURE _	named entity submits this statement fo Signature, typed or printed name of registered agent pration is eligible to satisfy its Intangible	and title if applicable. (NO		gent signature requir	ed when reinstatir	ng)		DATE	45.0	
Tax filing re	equirement and elects to do so.	After MAY 1, 2 Make Check Paya	2001 Fee wi able to Depa	ll be \$550.00	ate	Trust Fur	Campaign F nd Contributi	ion. [	Added	May Be to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALFONSO, GUILLERMO 4520 S.W. 135TH AVENUE MIAMI FL 33155	DIRECTORS  Delete	TITLE NAME STREET /	ADDRESS - ZIP	ADDITI	ONS/ <u>CHAI</u>	NGES TO OF	FICERS ANI	DIRECTORS ☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET CITY-SI	ADDRESS					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP					☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	F ADDRESS ST-ZIP					☐ Change	Addition
13. I hereby indicated of the co-	certify that the information supplied wid on this report or supplemental report or progration or the receiver or trustee emd, or on an attachment with an address	is true and accurate and the powered to execute this rep	at my signatu oort as require red.	ire snall nave t ed by Chapter						