

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089288

1. Entity Name

SIXTO TILES CORPORATION

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90148 022 ***150.00

Principal Place of Business

9531 SW 40TH ST
MIAMI FL 33165

Mailing Address

9531 SW 40TH ST
MIAMI FL 33165-4035

2. Principal Place of Business

9541 SW 40th St

Suite, Apt. #, etc.

Miami, Florida

City & State

Zip 33165

Country

3. Mailing Address

9541 SW 40th St

Suite, Apt. #, etc.

Miami, Florida

City & State

Zip 33165

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0872314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, LAZARA G
10241 S.W. 142ND COURT
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

TITLE P ☐ Delete
NAME MACHADO, MARITZA
STREET ADDRESS 11030 SW 146 PLACE.
CITY-ST-ZIP MIAMI FL 33186

TITLE VD ☐ Delete
NAME CABRERA, LAZARO
STREET ADDRESS 3930 SW 107 AVE
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maritza Machado

Date

3/15/00 (305) 220-1939

Daytime Phone #

CR2E034 (9/99)