

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091211

1. Entity Name

TIRS TILES & MARBLE, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90058 021 ***150.00

Principal Place of Business Mailing Address
401 NORTHEAST 14TH AVENUE, #304 401 NORTHEAST 14TH AVENUE, #304
HALLANDALE FL 33009 HALLANDALE FL 33009-7469

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

City & State City & State
Zip Country Zip Country

4. FEI Number 65-8072471 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
LEIBOWITZ, JERRY D
3181 WEST HALLANDALE BEACH BLVD.
PEMBROKE PARK FL 33009

7. Name and Address of New Registered Agent
Name NICOLAE TIRS
Street Address (P.O. Box Number is Not Acceptable)
401 NE 14th AVENUE #304
City HALLANDALE FL Zip Code 33009

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 *Nicolae* DATE 02/22/00
Signature, typed or printed name of registered agent and title 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. ☐ 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 TIRS, NICOLAE
STREET ADDRESS 401 NE 74 AVE., #304
CITY-ST-ZIP HALLANDALE FL 33009
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
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P ☒ Change ☐ Addition
NAME TIRS, NICOLAE
STREET ADDRESS 401 NE 14th AVENUE #304
CITY-ST-ZIP HALLANDALE, FL 33009
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
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: *Nicolae* 02/22/00 (954) 458-5163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)