

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092178

1. Entity Name

ATLAS TILE & SUPPLY, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90275 019 ***150.00

Principal Place of Business

1043 NW 119TH ST
NORTH MIAMI FL 33168

Mailing Address

1043 NW 119TH ST
NORTH MIAMI FL 33168-6240

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0872526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NARANJO, NORMA
1043 NW 119TH ST
NORTH MIAMI FL 33168

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 PD ☐ Delete
NAME NARANJO, NORMA
STREET ADDRESS 4245 NW 167TH TERR
CITY-ST-ZIP MIAMI FL 33055

TITLE VD ☐ Delete
NAME ALAMEDA, RICHARD
STREET ADDRESS 13200 KEYSTONE TERR
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE TSD ☐ Delete
NAME NARANJO, LISETTE
STREET ADDRESS 4245 NW 167TH TERR
CITY-ST-ZIP MIAMI FL 33055

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
CITY-ST-ZIP

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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: *NORMA NARANJO* NORMA NARANJO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/2000 305-688-6557

Date

Daytime Phone #

CR2E034 (9/99)