

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT #** *P98000093173*

1. Entity Name

*CUSTOM TILE Sales & Installations Inc.*

Principal Place of Business

Mailing Address

*20030 N.E. 21<sup>ST</sup> AVE*  
*North Miami Beach FL 33179*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

*05-0878981*

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

*Luis R. Smith*

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

*20030 N.E. 21<sup>ST</sup> AVE*

City

*North Miami Beach*

FL

Zip Code

*33179*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

*08/15/02*

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 \$580.00 + \$50.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 *ASST*  
NAME *JESUS PEREZ*  
STREET ADDRESS *80 N.E. 162<sup>ND</sup> ST*  
CITY-ST-ZIP *MIAMI - FL 33167*TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
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 affidavit, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*08/15/02*

Daytime Phone #

20f2

10/14/02

To: Division of Corporations

Subject: Custom Files Sales & Installations Inc.  
Annual Report 2002

To Whom it May Concern:

As per our conversation with your department on 10/14/02 concerning we never received the first submission of the annual report but only the second submission and that is why our report was late, and that you would waive the late fee. Enclosed, please find our report. The \$150.00 you already charged to our account. We are very sorry for any inconvenience this may have caused.

Sincerely yours,