FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 14 AM 11:12

DOCUMENT # P98000093722

1. Entity Name

Grove Tile & Stone, Inc.

DO NOT WRITE IN THIS SPACE

900013267029
02/28/03--01015--021 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
GROVE Tile & Store	8298 NW 64 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL. 33166	City & State: Miami, FL, 33166
Zip: 33166 Country: U.S.A.	Zip: 33166 Country: U.S.A.

4. FEI Number: 65-0874227 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOSE A. CHANG

Street Address (P.O. Box Number is Not Acceptable): 10783 NW 69 TERR.

City: MIAMI **FL** Zip Code: 33178

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 _____ DATE 2/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOSE A. CHANG, PRESIDENT 10783 NW 69 TERR. MIAMI, FL. 33178
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANA M. CHANG, VICE-PRES. 10783 NW 69 TERR. MIAMI, FL. 33178
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANA M. CHANG, SECRETARY 10783 NW 69 TERR. MIAMI, FL. 33178
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KENNETH R. WILLIAMS T 8298 NW 64 St Miami FL 33166
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600012561186 02/14/03--01025--001 **10.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2-14-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #