

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104278

1. Entity Name

ESTEVEZ & SON TILE & MARBLE SALES & SERVICE, INC

FILED

Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90007 016 ***155.00

Principal Place of Business

330 NORTH CONGRESS AVENUE
DELRAY BEACH FL 33445

Mailing Address

330 NORTH CONGRESS AVENUE
DELRAY BEACH FL 33445-3435

2. Principal Place of Business

320 North Congress Ave

3. Mailing Address

320 N. Congress Ave

Suite, Apt. #, etc.

Delray Beach FL

Suite, Apt. #, etc.

Delray Beach FL

City & State

City & State

4. FEI Number

65-0885620

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEINBERG, JEFFREY
4000 HOLLYWOOD BLVD.
SUITE 350-N
HOLLYWOOD FL 33021

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 D
NAME ESTEVEZ, JUAN O
STREET ADDRESS 4306 GARFIELD STREET
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE D
NAME ESTEVEZ, MAURICIO
STREET ADDRESS 4306 GARFIELD STREET
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Juan Estevez

03/07/00

561-274-6867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 7/9/99