

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90231 036 \*\*\*150.00

DOCUMENT # P99000000638

1. Entity Name  
DAVID'S TILE CORP.



Principal Place of Business  
15451 SOUTHWEST 80TH STREET  
BLDG. 2. UNIT 104  
MIAMI FL 33193

Mailing Address  
15451 SOUTHWEST 80TH STREET  
BLDG. 2. UNIT 105  
MIAMI FL 33193



2. Principal Place of Business  
15020 SW 64th St.  
Suite, Apt. #, etc.

3. Mailing Address  
15020 SW 64th St.  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
MIAMI, FL

City & State  
MIAMI, FLORIDA

4. FEI Number 65-0885176

Applied For  
Not Applicable

Zip  
33193

Country  
US

Zip  
33193

Country  
US

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

## 6. Name and Address of Current Registered Agent

VALDIVIA, DAVID  
15451 SOUTHWEST 80TH STREET  
BLDG. 2, UNIT 1054  
MIAMI FL 33193

## 7. Name and Address of New Registered Agent

Name DAVID VALDIVIA  
Street Address (P.O. Box Number is Not Acceptable)  
15020 SW 64th St.  
City MIAMI FL Zip Code 33193

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 *David Valdivia* DAVID VALDIVIA  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

02-10-03  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSD	VALDIVIA, DAVID	15451 SW 80 STREET BLDG. 2 UNIT 104	MIAMI FL 33193	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PS	DAVID VALDIVIA	15020 SW 64th St	MIAMI, FL 33193	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Valdivia* 02-10-03 786-251-9664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)