

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000004939

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90053 002 \*\*\*150.00

1. Entity Name

**RIGO CABRERA TILE WAREHOUSE, INC.**

Principal Place of Business  
 7843 PINE CROSSING CIRCLE #915  
 ORLANDO FL 32825

Mailing Address  
 7843 PINE CROSSING CIRCLE #915  
 ORLANDO FL 32825-3133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4701 Distribution Ct  
 Suite, Apt. #, etc.  
 Suite 2

3. Mailing Address

4701 Distribution Ct  
 Suite, Apt. #, etc.  
 Suite 2

City & State  
 Orlando, FL

City & State  
 Orlando, FL

4. FEL Number  
 09-3551162

Applied For  
 Not Applicable

Zip  
 32822

Country  
 Orange

Zip  
 32822

Country  
 Orange

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

CABRERA, RIGOBERTO  
 7843 PINE CROSSING CIRCLE #915  
 ORLANDO FL 32825

Name: Cabrerá, RIGOBERTO  
 Street Address (P.O. Box Number is Not Acceptable): 4701 Distribution Ct Suite 2  
 City: Orlando FL Zip Code: 32822

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CABRERA, RIGOBERTO	
STREET ADDRESS	7843 PINE CROSSING CIRCLE #915	
CITY-ST-ZIP	ORLANDO FL 32825	
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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:

**SIGNATURE REQUIRED**  
 Rigo Cabrera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-00

Date

3846162

Daytime Phone #