

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009789

1. Entity Name

CREATIVE TILE RESOURCES, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90039 012 ***158.75

Principal Place of Business

Mailing Address

222 S.W. 15TH ROAD
FL 33129

222 S.W. 15TH ROAD
MIAMI FL 33129-1122

2. Principal Place of Business

12323 SW 55th Street

3. Mailing Address

12323 SW 55th Street

Suite, Apt. #, etc.

Building 1000, #1010

Suite, Apt. #, etc.

Building 1000, #1010

City & State

Ft. Lauderdale, Florida

City & State

Ft. Lauderdale, Florida

Zip

33330

Country

USA

Zip

33330

Country

USA

4. FEI Number

65-0899356

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

EVANS, JAMES C ESQ.
169 EAST FLAGLER STREET
SUITE 1700
MIAMI FL 33131

Name

Christine Adriani

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

12323 SW 55th Street

Building 1000, #1010

City

Ft. Lauderdale

FL

Zip Code
33330

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

4/10/00

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	PD	<input type="checkbox"/> Delete
NAME	ADRIANI, MARIO	
STREET ADDRESS	222 S.W. 15TH ROAD	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ADRIANI, CHRISTINE L	
STREET ADDRESS	222 S.W. 15TH ROAD	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Christine Adriani

4/10/00 954.252.9989

CR2E034 (9/99)