

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010662

1. Entity Name  
CERAMIC TILE GROUP, INC.

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90224 022 \*\*\*158.75

Principal Place of Business

Mailing Address

8440 NW 66 STREET  
MIAMI FL 33160

8440 NW 66 STREET  
MIAMI FL 33160

UUU23040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0903216

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PEREZ, FARIDE SR.  
5985 W 14TH AVENUE  
MIAMI FL 33012

*FARIDE PEREZ*  
*8440 NW 66 ST*  
*MIAMI, FL 33160*

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, 2001 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 **P**  
NAME **PEREZ, FARIDE**  
STREET ADDRESS **5985 W 14TH AVE**  
CITY-ST-ZIP **MIAMI FL 33012**

*FARIDE PEREZ*  
*8440 NW 66 ST*  
*MIAMI FL 33160*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TREASURER**  
NAME **ZURABO PEREZ**  
STREET ADDRESS **8440 NW 66 ST**  
CITY-ST-ZIP **MIAMI, FL 33160**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SECRETARY**  
NAME **FARIDE PEREZ JR.**  
STREET ADDRESS **8440 NW 66 ST**  
CITY-ST-ZIP **MIAMI, FL 33160**

TITLE  
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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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 513-9023

CR2E034 (10/00)