

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019394

1. Entity Name

BHC TILE AND MARBLE INC.

**FILED**  
May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90210 021 \*\*\*158.75

Principal Place of Business 7671 NW 29TH STREET MARGATE FL 33063	Mailing Address 7671 NW 29TH STREET MARGATE FL 33063-7854
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2. Principal Place of Business 12356 WILES RD Suite, Apt. #, etc.	3. Mailing Address 12356 WILES RD Suite, Apt. #, etc.
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City & State CORAL SPRINGS FL	City & State CORAL SPRINGS FL
Zip 33076	Country BROWARD
Zip 33076	Country BRWD



DO NOT WRITE IN THIS SPACE

4. FEI Number 65 091 7099	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent HYLAND, J. BRAD 7671 NW 29TH STREET MARGATE FL 33063	7. Name and Address of New Registered Agent Name J BRAD HYLAND Street Address (P.O. Box Number is Not Acceptable) 7671 NW 29TH ST City MARGATE FL Zip Code 33063
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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] DATE 4/28/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES NAME J BRAD HYLAND STREET ADDRESS 7671 - NW 29TH ST CITY - ST - ZIP MARGATE FL 33063	<input type="checkbox"/> Delete	TITLE NAME J BRAD HYLAND STREET ADDRESS 7671 NW 29TH ST CITY - ST - ZIP MARGATE FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] DATE 4/28/00 DAYTIME PHONE # 954-753-9069

CR2E034 (9/99)