

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019991

1. Entity Name

LE FONT TILE & MARBLE CORP.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90013 007 ***150.00

Principal Place of Business	Mailing Address
562 WEST 79TH PLACE HIALEAH FL 33014	562 WEST 79TH PLACE HIALEAH FL 33014-4225



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Le Font Tile and Marble Corp</i>	3. Mailing Address
Suite, Apt. #, etc. <i>7372 SW 42 ST</i>	Suite, Apt. #, etc.
City & State <i>Miami, FL.</i>	City & State
Zip <i>33155</i>	Country <i>U.S.A.</i>

4. FEI Number <i>65-0901829</i>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent LEFONT, ANTONIO 562 WEST 79TH PLACE HIALEAH FL 33014	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEFONT, ANTONIO M 562 WEST 79TH PLACE HIALEAH FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Antonio M. LeFont*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 265-7566

CR2E034 (9/99)