

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90078 050 ***150.00

0138117 AV

DOCUMENT # P99000019991

1. Entity Name

LE FONT TILE & MARBLE CORP.

Principal Place of Business

7372 SW 42 ST
 MIAMI FL 33155
 US

Mailing Address

562 WEST 79TH PLACE
 HIALEAH FL 33014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2793 NW 79 Ave.

3. Mailing Address

2793 NW 79 Avenue

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0901829

Applied For

Not Applicable

Zip

33122

Country

Miami-Dade

Zip

33122

Country

Miami-Dade

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

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

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, 2002 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	LEFONT, ANTONIO M	
STREET ADDRESS	2589 N.W. 79 AVE.	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEFONT, ALFREDO	
STREET ADDRESS	2589 N.W. 79 AVE.	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALSINA, JESUS A	
STREET ADDRESS	2589 N.W. 79 AVE.	
CITY-ST-ZIP	MIAMI FL 33122	
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 REQUIRED SD Jesus A Alsina 1/10/02 305-593-8050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)