2001 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 07, 2001 8:00 am Secretary of State DOCUMENT # P99000024057 1. Entity Name JOMASAN TILE SETTING CORP. 08-07-2001 90013 001 ***150.00 Principal Place of Business Mailing Address 17133 S.W. 142ND COURT 17133 S.W. 142ND COURT MIAMI FL 33177 MIAMI FL 33177 2. Principal Place of Business 3. Mailing Address 71338W142CI Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0904201 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANCHEZ, JOSE N Street Address (P.O. Box Number is Not Acceptable) 17133 S.W. 142ND COURT **MIAMI FL 33177** Zip Code FL 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, 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME SANCHEZ, JOSE M NAME STREET ADDRESS 17133 S.W. 142ND COURT STREET ADORESS CITY-ST-ZIP **MIAMI FL 33177** CITY-ST-7IP TITLE S ~ __. Delete TITLE Change ☐ Addition NAME SANCHEZ, YAKELIN NAME STREET ADDRESS 17133 S.W. 142ND COURT STREET ADDRESS CITY-ST-ZIP MIAM! FL 33177 CITY-ST-7IP TITLE : ------ ⊡ Delete --- - -TITLE - 3 - -~ [☐ Change ☐ Addition= NAME RODRIGUEZ, MARIA C NAME STREET ADDRESS 2601 NW 18 TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33125 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Date Daytime Phone # CR2E034 (5/01

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