

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90120 007 ***150.00

DOCUMENT # P99000030722

1. Entity Name
MC TILE USA INC.

Principal Place of Business
~~27241 BAY LANDING DRIVE SUITE 3~~
~~BONITA SPRINGS FL 34135~~

Mailing Address
~~27241 BAY LANDING DRIVE SUITE 3~~
~~BONITA SPRINGS FL 34135 4334~~

2. Principal Place of Business
4450 Blue Sage Ct.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 279
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Bonita Springs, FL
 Zip
34135

City & State
Bonita Springs, FL
 Zip
34133

4. FEI Number
65-0910365
 Applied For
 Not Applicable

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

HENSON, CHRISTINE
27241 BAY LANDING DRIVE, SUITE 3
BONITA SPRINGS FL 34135

Name
Amburn James W.
 Street Address (P.O. Box Number is Not Acceptable)
28000 Spanish Wells Blvd.
Suite 200
 City
Bonita Springs FL Zip Code
34135

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 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 ~~D~~
 NAME **OREN, CHENGIZ**
 STREET ADDRESS **1840 S TREASURE DRIVE #16**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DPVST
KARL BLUEMNER
4450 BLUE SAGE CT.
BONITA SPRINGS, FL 34135
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
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 CITY-ST-ZIP

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 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02/09/2000** Daytime Phone # **941-992-3355**

CP20004 (0/00)