

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036544

1. Entity Name

TALAVERA TILE & STONE CORP.

Principal Place of Business

Mailing Address

1422 NW 82ND AVENUE
MIAMI FL 33126

1422 NW 82ND AVENUE
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0922425

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

CABEZA, MANUEL E ESQ
338 MINORCA AVENUE
CORAL GABLES FL 33134

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, 2001 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	DT	<input type="checkbox"/> Delete
NAME	DE LEON, RUBEN	
STREET ADDRESS	1422 NW 82ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DE LOS SANTOS, FRANK	
STREET ADDRESS	1422 NW 82ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	PORTILLO, MAURICIO	
STREET ADDRESS	1422 NW 82ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/2001

305 6299555

Date

Daytime Phone #

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90126 005 ***150.00

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DO NOT WRITE IN THIS SPACE