

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048222

1. Entity Name  
WORLD TILE & DECOR, INC.

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90154 015 \*\*\*550.00

Principal Place of Business  
2640 N. ORANGE BLOSSOM TRAIL  
KISSIMMEE FL 34744

Mailing Address  
2640 N. ORANGE BLOSSOM TRAIL  
KISSIMMEE FL 34744



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

59-3577961

Not Applicable

Zip

Country

Zip

Country

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

MARTINEZ, PABLO  
1331 RAVIDA CIRCLE  
ORLANDO FL 32825

Name  
ANTOLIN PESTANO Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
7758 NW 44 ST

City SUNRISE **FL** Zip Code 33317

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 Antolin Pestano Jr. Antolin Pestano Jr. 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD ☐ Delete  
NAME MARTINEZ, PABLO  
STREET ADDRESS 1331 RAVIDA CIRCLE  
CITY-ST-ZIP ORLANDO FL 32825

TITLE PD ☒ Change ☐ Addition  
NAME Martinez Pablo  
STREET ADDRESS 2640 N Orange Blossom Trail  
CITY-ST-ZIP Kissimmee FL 34744

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Pablo Martinez, Pres. 7/22/00 954/578-0214  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)