

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 17 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P99000048222*

1. Entity Name

WORLD TILE & DECOR, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7758 NW 44 ST

Suite, Apt. #, etc.

3. Mailing Address

7758 NW 44 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SUNRISE FL

City & State

SUNRISE FL

4. FEI Number

59-3577961

Applied For

Not Applicable

Zip

33351

Country

U.S.A

Zip

33351

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Pablo Martinez

Street Address (P.O. Box Number is Not Acceptable)

7758 NW 44 ST

City

SUNRISE

FL

Zip Code

33351

**DO NOT WRITE
IN THIS SPACE**

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]
Signature of person named name of registered agent and title if applicable.

Pablo Martinez

(NOTE: Registered Agent signature required when reinstating)

10/15/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*PO
Pablo MARTINEZ
7758 NW 44 ST
SUNRISE FL 33351*

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)