

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 25, 2000 8:00 am
Secretary of State

08-25-2000 90007 033 ***550.00

DOCUMENT # P99000072723

1. Entity Name

CARLOS CABRERA TILE & MARBLE INC.

Principal Place of Business

**5826 CHURCHILL COURT
WEST PALM BEACH FL 33405**

Mailing Address

**5826 CHURCHILL COURT
WEST PALM BEACH FL 33405**

2. Principal Place of Business

15908 75 AVE

3. Mailing Address

15908 75 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

P.B. GARDENS

City & State

P.B. GARDENS

4. FEI Number

65-0941272

Applied For

Not Applicable

Zip

33418

Country

P.B.

Zip

33418

Country

P.B.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CABRERA, CARLOS
5826 CHURCHILL COURT
WEST PALM BEACH FL 33405**

7. Name and Address of New Registered Agent

Name **CARLOS CABRERA**

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

15908 75 AVE

City **P.B. GARDENS**

FL

Zip Code

33418

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 \$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

TITLE **D** ☐ Delete
NAME **CABRERA, CARLOS**
STREET ADDRESS **5826 CHURCHILL COURT**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **D** ☐ Delete
NAME **RUIZ, FRANCISCO**
STREET ADDRESS **624 WEST LAKEWOOD ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33483**

TITLE **D** ☐ Delete
NAME **AGUIAR, ABRAHAM**
STREET ADDRESS **728 TALLADEGA STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **CARLOS CABRERA**
STREET ADDRESS **15908 75 AVE**
CITY-ST-ZIP **P.B. G FL 33418**

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

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **ABRAHAM AGUIAR**
STREET ADDRESS **5826 CHURCHILL CT**
CITY-ST-ZIP **W. P.B. FL 33405**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-200 (561) 371-5053
Date Daytime Phone #

CR2E034 (5/00)