

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90353 025 \*\*\*150.00

**DOCUMENT #** P99000088364

**1. Entity Name**

UNION TILE, CORP

A0070675

**Principal Place of Business**

**Mailing Address**

8574 N.W 70TH ST  
 MIAMI, FL 33166

8574 N.W 70TH ST  
 MIAMI, FL 33166-2641

**2. Principal Place of Business**

**3. Mailing Address**

1770 W. 79TH ST

1770 W. 79TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

HIALEAH, FL

**City & State**

HIALEAH, FL

**4. FEI Number**

65-0963328

**Applied For**

Not Applicable

**Zip**

33014

**Country**

MIAMI, DADE

**Zip**

33014

**Country**

MIAMI, DADE

**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**

CUBAS, MIGUEL  
 1770 W. 79TH ST  
 HIALEAH, FL 33014

**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**

<b>TITLE</b>	D/V/S/T	<input type="checkbox"/> Delete
<b>NAME</b>	MIGUEL, CUBAS	
<b>STREET ADDRESS</b>	1770 W. 79TH ST	
<b>CITY-ST-ZIP</b>	HIALEAH, FL 33014	
<b>TITLE</b>	D/P	<input type="checkbox"/> Delete
<b>NAME</b>	MASIP, CARLOS	
<b>STREET ADDRESS</b>	TOMILLAR 24, CLUB DE CAMPO	
<b>CITY-ST-ZIP</b>	12190 BARRIOL, CASTELLON SPA	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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

MIGUEL CUBAS

Date

786-412-6556

Daytime Phone #