

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094449

1. Entity Name

STONE TILE, INC.

FILED

Sep 13, 2000 8:00 am  
Secretary of State

09-13-2000 90048 015 \*\*\*550.00

Principal Place of Business

1329 PALERMO WAY  
LANTANA FL 33462

Mailing Address

1329 PALERMO WAY  
LANTANA FL 33462

2. Principal Place of Business

Florida

3. Mailing Address

1329 Palermo way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lantana, FL

4. FEI Number

65-0965555

Applied For

Not Applicable

Zip

Country

Zip

Country

33462

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DIGIOVANI, FRANK  
7815 GRISWOLD STREET  
LANTANA FL 33642

7. Name and Address of New Registered Agent

Name

Elizabeth H. Ruiz

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

1329 Palermo Way

City

Lantana FL 33462 FL

Zip Code

33462

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 Sergio M. Paredes  
Signature, typed or printed name of registered agent and title if applicable.

X

(NOTE: Registered Agent signature required when reinstating)

09/06/00

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 ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Sergio M. Paredes

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President

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

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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: Sergio M. Paredes **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/06/00

Date

Daytime Phone #

CR2E034 (5/00)