

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90063 043 ***158.75

DOCUMENT # P99000095011

1. Entity Name

B & P TILE AND ACCESSORIES, INC.

Principal Place of Business 4836 SW 21ST STREET FT LAUDERDALE FL 33317	Mailing Address 4836 SW 21ST STREET FT LAUDERDALE FL 33317-6118
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00011058



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 933 1/2 South State Rd. 7 Suite, Apt. #, etc.	3. Mailing Address 933 1/2 South State Rd. 7 Suite, Apt. #, etc.
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City & State Plantation, FL	City & State Plantation, FL	4. FEI Number 650957835	Applied For Not Applicable
Zip 33317	Country Broward	Zip 33317	Country Broward

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BARROSO, MALKIEL
 4301 NW 169TH TERRACE
 MIAMI FL 33055

7. Name and Address of New Registered Agent

Name **BARROSO, Malkiel**
 Street Address (P.O. Box Number is Not Acceptable)
4733 SW 23 St.
 City **Ft. Lauderdale** 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 **Malkiel Barroso President** DATE **1/18/00**

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 \$150.00
After MAY 1, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BARROSO, MALKIEL 4301 NW 169TH TERRACE MIAMI FL 33055 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PEREZ, AMAURY 4836 SW 21ST STREET FT LAUDERDALE FL 33317 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BARROSO, Malkiel 4733 SW 23 St. Ft. Lauderdale, FL 33317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Perez, Amaury 4321 SW 24 St. Ft. Lauderdale, 33317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additi
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additi

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: **Malkiel Barroso** DATE **1/18/00** (305) 903-5649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #