## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 31, 2000 8:00 am **DOCUMENT # \$24540** 1. Entity Name Secretary of State JOZSEF HERMAN EUROPEAN TILE & MARBLE, INC. 05-31-2000 90094 049 \*\*\*550.00 Principal Place of Business Mailing Address 925 25TH AVNEUE 925 25TH AVNEUE VERO BEACH FL 32960 VERO BEACH FL 32960 Principal Place of Business 3. Mailing Address 816 22 nd St 2816.2240 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3046416 ero B evo Beach Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name HERMAN, JOZSEF Street Address (P.O. Box Number is Not Acceptable) '925 - 25TH AVENUE VERO BEACH FL 32960 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition □ Delete TITLE Herman, Jozse L HERMAN, JOZSEF NAME NAME STREET ADDRESS 2816.22 ud St STREET ADDRESS 925 25TH AVENUE VeroBeach Fl. 32960 CITY-ST-ZIP CITY-ST-ZIP **VERO BEACH FL** Change ☐ Delete TITLE HERMAN, MADGA NAME NAME Herman, Magala STREET ADDRESS 2816. 22 nd St. STREET ADDRESS 925 25TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **VERO BEACH FL** 27.960 ☐ Addition □ Delete TITLE Yarianna Herman MARIANNA, HERMAN NAME STREET ADDRESS 2816. 22nd St. STREET ADDRESS 925 25TH AVE CITY-ST-7IP CITY-ST-ZIP ero BeachF1.32960 VERO BEACH FL ☐ Addition ☐ Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-2000/561-569-3517

Daytime Phone #