

Amended

FILED

03 NOV -3 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #V19852			
1. Entity Name CERAMICA ITALIANA CENTER, INC.			
Principal Place of Business 290 NE 183RD ST MIAMI, FL 33179 US		Mailing Address 290 NE 183RD ST MIAMI, FL 33179 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 65-0323598		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, EIDO 290 NE 183RD ST MIAMI, FL 33179		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent. SIGNATURE <i>Eido Cohen</i> EIDO COHEN DATE 10/14/03 (NOTE: Registered Agent's signature required when appointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P AVILA, CARLOS E 290 NE 183RD ST MIAMI, FL 33179		TITLE NAME STREET ADDRESS CITY-ST-ZIP P EIDO COHEN 290 NE 183 STREET MIAMI, FL 33179	
Delete ☒		Change ☒ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
12. 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, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Eido Cohen</i> EIDO COHEN		Date 10/14/03 Daytime Phone # 305-652-3353	

000023994180
10/21/03--01162--009 **35.00



☒ CHECK HERE IF MAKING CHANGES

032E034 (10/03)

000023994180
11/12/03--01025--031 **26.25

27