FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

attachment with an address, will

SIGNATURE:

02 OCT 14 AM 9: 37 DOCUMENT # V22033 Architectural Tile & Marble, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE . Principal Place of Business 509 W. Swann Ave W. Swahn Ave. Suite, Apt. #, etc. # 255 Suite, Apt. #, etc. # 255 DO NOT WRITE IN THIS SPACE 4. FEI Number 3113934 Applied For FLORIDA Country SA PLorida Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 33606 8. The above named entity sy purpose of changing its registered office or registered agent, or both, in the State of Florida, 10-10-02 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. HILE Ramos, Wilfred, Jr. NAME NAME 600008330736-岸 -10/11/02--01035--01帽 1509 W. Swann Av. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ****150.00 ****150.00 THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY - ST - ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY - ST- ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7JP flile NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 supplied entail 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 received or tristee empowered accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an

10-10-02 8/3-258-1900

FIFT



October 10, 2002

DEPARTMENT OF STATE UNIFORM BUSINESS REPORT DIVISION OF CORPORATIONS PO BOX 1500 TALLAHASSEE, FL 32302-1500

To Whom It May Concern:

I apologize for the unintentional delay in payment. Due to a recent office relocation, I did not receive the Uniform Business Report, subsequently delaying notice of nonpayment. Thank you for your patience.

Sincerely,

Wil Ramos, Jr President