2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am DOCUMENT # P93000026151 **Secretary of State** 1. Entity Name CALI TILE & MARBLE, INC. 02-01-2001 90021 049 ***150.00 Principal Place of Business Mailing Address 4435 56TH AVE. TERR. EAST 4435 56TH AVE. TERR, EAST **BRADENTON FL 34203** BRADENTON FL 34203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0401086 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CALI, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 4435 56TH AVE. TERR. EAST **BRADENTON FL 34203** City Zip Code 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP ☐ Change Addition ;R2E034 (10/00) TITLE ☐ Delete TITI F CALI, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 4435 56TH AVE. TERR EAST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** D۷ ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME CALI, KIMBERLY A NAME STREET ADDRESS STREET ADDRESS 4435 56TH AVE. TERR EAST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** TITLE Delete TITLE * ~ 🗀 Change Addition CALI, KIMBERLY A NAME NAME 4435 56TH AVE. TERR EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PROTECT NAME OF SIGNING OFFICER

MichAEL CALi

STREET ADDRESS CITY-ST-ZIP

1/27/2001

(941)758-7164