

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

FILED

02 MAY 23 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000105168

1. Entity Name  
R & S WOOD FLOORS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
543 E. SAMPLE RD.  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
POMPANO BEACH

City & State

4. FEI Number  
65-1053295

Applied For  
Not Applicable

Zip  
FL 33064

Country

Zip  
Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
RENE CARTAGENA

Street Address (P.O. Box Number is Not Acceptable)

1830 E. 53rd CT

City  
POMPANO BEACH FL 33036

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 X M R. C. J.

RENE CARTAGENA, PRESIDENT X 5/7/02

Signature, typed or printed name of registered agent and title if applicable

(NOT Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
PDT'S  
RENE CARTAGENA  
SAME AS ABOVE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SARAH GLORIA DELETE  
4551 N.W. 49TH CT.  
COCONUT CREEK, FL 33073

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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\*\*\*\*\*61.25 \*\*\*\*\*61.25

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE X R. C. J.

RENE CARTAGENA X 5/7/02

954  
6057371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)