## FILED Apr 21, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION /

UNII	<u>FORM BUSINES</u>	. 0/		. 020 ***1	50.00				
DOCUMENT # P01000081023  1. Entity Name NATIONAL SOLID SURFACE DISTRIBUTORS, INC.							50.00		
Principal Place of Business Mailing Address 2801 NW 55 COURT 2801 NW 55 COURT						110	05156	<b>;</b>	
BUILDING 7E FORT LAUDERDALE, FL 33309 US FORT LAUDERDALE, FL 33309			3U 09				22000100		
Principal Place of Business     3. Mailing Address									
1090 NW 5.3 STREET				Τ		CK HERE IF MAKING		)	
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City & State  FT. LAUDERDALE, FL FT. LAUDERDALE			FL		4. FEI Number 65-1	133646	<u> </u>	plied For at Applicable	
33309 Country 33309			Country	· •	5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent					7. Name and Address	s of New Registered	Agent		
BONUSO, FRANK N						•		ŧ	
2801 NW 55 COURT BUILDING 7E			Stree	Street Address (P.O. Box Number is Not Acceptable)					
FORT LAUDERDALE, FL 33309				1090 NW 53 STREET					
an Fr.					HUDIZADIALIE	; FL	- 3332	09	
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. I am familiar with, and accept									
the obligations of registered agent.									
SIGNATURE Travel James, FRANKA. ISONOLIS TRESIDENT 4/8/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstituty)  DATE									
FILE NOW!!! FEE IS \$150.00. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						impaign Financing Contribution.		O May Be to Fees	
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTOR	S IN 11	
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l			CITY-ST-ZIP	~   FT	LAUDERD	ALE PL.	3330	9	
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: Thomas Type DOB PROTECTION AND ED SERVING DELICE OF PROJECTION OF THE DOB PROTECTION OF THE DOB PRO									
	reby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), Florida Statutes. I further certify that the information cated 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 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 10 or Block 11 if inged, or on an attachment with an address, with all other like empowered.								