

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

0360040 AV

DOCUMENT # P01000081251

1. Entity Name
EAGLEWOOD FLOORS, INC.

03-18-2002 90083 036 ***158.75

Principal Place of Business

Mailing Address

10310 SW 52 ST
 MIAMI FL 33165

10310 SW 52 ST
 MIAMI FL 33165



2. Principal Place of Business

3. Mailing Address

10310 SW 52 ST

10310 SW 52 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

House

House

City & State

City & State

Miami FL

Miami FL

4. FEI Number

65-1147021

Applied For

Not Applicable

Zip

Country

33065

Zip

Country

33165

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAVANO, JOSE
 10310 SW 52 ST
 MIAMI FL 33165

Name **Chaviano Jose**

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

10310 SW 52 ST

Miami

City

FL

Zip Code

33165

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 *Hilda Santana*

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

(NOTE: Registered Agent signature required when reinstating)

2/16/02

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME **Hilda Santana** Delete
 STREET ADDRESS **7517 Branch St**
 CITY-ST-ZIP **Miyuda FL 33024**

TITLE NAME **Chaviano Jose** Change Addition
 STREET ADDRESS **10310 SW 52 ST**
 CITY-ST-ZIP **Miami FL 33165** **(RMD)**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
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TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/02

Date

Daytime Phone #

CFR2E034 (9/01)