**FILED** 

Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90237 037 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #** P97000042606

1. Entity Name

J-N-B HARDWOOD FLOOR, CORP



Principal Place of Business 16101 NW 77TH PLACE MIAMI FL 33016			1610	Mailing Address 16101 NW 77TH PLACE MIAMI FL 33016				! [40][40] (10] (10] (10] (10] (10]	(/ <b>64</b> ()( <b>88</b> ())	<b>?(210</b> ( <b>)010</b> 021	IIJ <b>ro</b> rd <b>o o</b> zil aror
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.					E MAKING		
City & State			Cit	City & State			-4. F	4. FEI Number CE 1200 100 Applied For			
Zip		Country	Zip		Coun	try	- F C	65-0328199 Certificate of Status Desired		\$8.75 A	Not Applicable
	6. Nam	e and Address of Currer	t Register	red Agent					<u>.</u>	Fee Requi	
			<u></u>	- rigein		Name		ame and Address of New Ro	egistered /	igent	
1	REYES, BE	ATRIZ		Stroot Adde			(DO D				·
9211 NW 121 ST						Street Addr	ess (P.O. 80	x Number is Not Acceptable)			
HIALEAH	GARDENS	FL 33016-4218						-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<del>-</del>
						Citý	<del></del>		FL	Zip Co	
8. The above the obligation	re named enti	ty submits this statement	or the purp	cose of changing its r	registere	d office or reg	istered age	nt, or both, in the State of Flor	ida. I am f	<u>l</u> amiliar with	and accept
1		norod agent.									
SIGNATURE	Signature, types	for printed name of registered agen	t and title if an	aldenia (Menilo	Desirent		<del>_</del>				
<del>- i</del>		!! FEE IS \$150.00		T (NOTE:	negistered	Agent signature rec	quired when rein	stating)	DATE		<del>-</del>
Afte	er May 1, 20	D3 Fee will be \$550.00 D5 Florida Department o	of State					<ol><li>Election Campaign Fina Trust Fund Contribution.</li></ol>	ncing	<b>\$5.</b> 6	00 May Be
10.		OFFICERS AND		I PRS	11.	<del></del>		ITIONS (CHANGES TO OFFIC			
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CITY-ST-ZIP	101 OI			8		ADDRESS					
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NAME	DE LOS R	EYES, BEATRIZ		□ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	9211 NW			-/*	STREET	ADDRESS	** / ** <b>****</b>	ے وہ <del>بیموجید ک</del> ینیڈ			
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STREET ADDRESS					NAME	popres			_		
CITY-ST-ZIP	÷				STREET A						

12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: >