

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 14, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000013636**1. Entity Name  
FLOOR WORX, LLC

## Principal Place of Business

3650 S.W. 5TH ST.

MIAMI  
33135

FL

## Mailing Address

3650 S.W. 5TH ST.

MIAMI  
33135

FL

## 2. Principal Place of Business

21113 JOHNSON STREET

Suite, Apt. #, etc.  
114

## City &amp; State

PEMBROKE PINES

FL

Zip  
33029

## Country

## 3. Mailing Address

21113 JOHNSON STREET

Suite, Apt. #, etc.

114

## City &amp; State

PEMBROKE PINES

FL

Zip  
33029

## Country

## 4. FEI Number

65-1053252

## Applied For

Not Applicable

## 5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

BADELL JATNIEL L  
3650 S.W. 5TH ST.MIAMI  
33135

FL

US

## 7. Name and Address of New Registered Agent

## Name

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

## City

FL

## 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)

04/14/2001

DATE

**FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State**

## 9. MANAGING MEMBERS / MEMBERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RIVIERE-BADE ADRIANA	
STREET ADDRESS	3650 S.W. 5TH ST.	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RIVIERE SUSANA	
STREET ADDRESS	3650 S.W. 5TH ST.	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BADELL JATNIEL L	
STREET ADDRESS	3650 S.W. 5TH ST.	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ARDILA HERNANDO	
STREET ADDRESS	3650 S.W. 5TH ST.	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVIERE SUSANA	
STREET ADDRESS	10502 SW 133 PLACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARDILA HERNANDO	
STREET ADDRESS	3421 SW 170TH AVENUE	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Adriana Riviere-Badell

MGRM 04/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)