

8/15

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2002 8:00 am
Secretary of State

08-19-2002 90152 003 ****50.00

DOCUMENT # L01000007416

1. Entity Name

UNION FLOORING, LLC

Principal Place of Business

1425 SW 122 AVE. #11
MIAMI FL 33184

Mailing Address

1425 SW 122 AVE. #11
MIAMI FL 33184

98592

2. Principal Place of Business

8582 NW 70st

3. Mailing Address

- SAME -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number

65-1112546

Applied For

Not Applicable

Zip

33166

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

RUIZ, FELIPE R
8390 W. FLAGLER ST., STE. 219
MIAMI FL 33144

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|------------------------------------------------|---------------------------------|------------------------------------------------|------------------------------------------------------------------------------|
| | | President | |
| | | ANDRES CASTRO | |
| | | 8582 NW 70st Miami FL 33166 | |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

SIGNATURE REQUIRED

8/8/02

(305) 594 3330

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

Date

Daytime Phone #

CR2E083 (4/02)