

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

DOCUMENT # P00000016656

1. Entity Name

WOOD FLOORS "R" US, INC



05-05-2003 91774 001 ***158.75

DO NOT WRITE IN THIS SPACE

11041000

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1307 GENOA ST

3. Mailing Address

1307 GENOA ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES

City & State

CORAL GABLES

4. FEI Number

65-0983659

Applied For

Not Applicable

Zip

33134

Country

DADE

Zip

33134

Country

DADE

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
ARIEL BONACHEAStreet Address (P.O. Box Number is Not Acceptable)
1307 GENOACity
CORAL GABLES

FL

Zip Code
33134DO NOT WRITE
IN THIS SPACE

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

January 1st - May 1st Fee is \$150.00

After May 1st Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BONACHEA, ARIEL
STREET ADDRESS	1307 GENOA
CITY - ST - ZIP	CORAL GABLES FL 33134

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ARIEL BONACHEA

4/25th/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #