

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90161 023 \*\*\*150.00

0397308 AV

DOCUMENT # P00000040097

1. Entity Name  
FLOORMASTER WORKS, INC.



Principal Place of Business  
2831 N. FEDERAL HWY.  
BOCA RATON FL 33431

Mailing Address  
2831 N. FEDERAL HWY.  
BOCA RATON FL 33431



2. Principal Place of Business

7040 W. PALMETTO PK. RD.

Suite, Apt. #, etc.

4-298

City & State

BOCA RATON, FLORIDA

Zip  
33433

Country

USA

3. Mailing Address

7040 W. PALMETTO PK. RD.

Suite, Apt. #, etc.

4-298

City & State

BOCA RATON, FLORIDA

Zip  
33433

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0998585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARKS, KIM CPA, PA  
11900 BISCAYNE BLVD #290  
NORTH MIAMI FL 33181

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. 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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	D	<input checked="" type="checkbox"/> Delete
NAME	HAREL, MOSHE	
STREET ADDRESS	2831 N. FEDERAL HWY.	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELIOVITZ, BARRY	
STREET ADDRESS	2831 N. FEDERAL HWY.	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT: MOSHE HAREL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7040 W. PALMETTO PK. RD. / SUITE 4-298	
STREET ADDRESS	BOCA RATON, FL 33433	
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIOVITZ, BARRY	
STREET ADDRESS	7040 W. PALMETTO PK. RD. / SUITE 4-298	
CITY-ST-ZIP	BOCA RATON, FL 33433	
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		
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		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REMOVED HAREL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03  
Date

561/929-3095  
Daytime Phone #

CP2E034 (10/02)