2001 UNIFORM BUSINESS REPORT (UBR)

P00000046885 DOCUMENT

FILED Aug 20, 2001 8:00 am Secretary of State

VB PLATINUM	M TILE & CARPET, INC.			(LA	08-20-2001 9007	7 032 ***15	58.75	
Principal Place of E 8691 NW 38 ST. SL SUNRISE FL 33351	1	Mailing Address 8691 NW 38 ST. SUITE 233 SUNRISE FL 33351			1 A D DO DER HA D DAN BANK DAN DER HA		10207 871 1 0 07	
2. Principal Place of	of Business W 38 ST.	3. Mailing Address	38 ST.				14/4)	
Suite, Apt. #, etc	Suite, Apt. #, etc.	61		DO NOT WRITE IN THIS SPACE				
	SUNRISE FL SUNI		UNLISETEL		4. FEI Number 65-100-4448.			
33351	Browses.	33351	Byo W		5. Certificate of Status Desired 🂢	\$8.75 Ad Fee Require		
6.	Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent				
VILLALOBOS, VICTOR				Street Address (P.O. Box Number is Not Acceptable)				
**8691 NW 38 S	X	OOF	NW 38 ST SU	ITE 16	Ī			
SUNPISE FL 33351; City DUN RISE FL Zip Code 351							10	
A. The change of			FL Z	128				
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 VICTOR VIII/A LOSO POR SISTEM. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
9. This corporation Tax filing require (See criteria on	FEE IS \$550 2001 Fee will to Departme).00 be \$750.00	10. Election Campaign Financing		00 May Be d to Fees			
11.	OFFICERS AND DI		12.	10	ADDITIONS/CHANGES TO OFFICERS			
STREET ADDRESS 8691	ALOBOS, VICTOR 1 NW 38 ST, SUITE 233 IRISE FL 33351	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0.750	LOBOS, VICTOR NW 38 ST SOLTE (b) ISE FL 33351	⊠ Change	Addition Section Addition	
STREET ADDRESS 8691	ALOBOS, VICTOR 1 NW 38 ST, SUITE 233 IRISE FL 33351	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP*	10200	10005, VICTOR NW 38 51- 2010 16 150 FL- 33351	Change	Addition	
STREET ADDRESS 8691	ALLELUZ, MARIA L I NW 38 ST, SUITE 233 IRISE FL 33351	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	101	LEW2 MARIA L. NW '38 ST. DUITE LISE FL 33361	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	Addition	
TITLE		☐ Detate	TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP		,	☐ Change	Addition	
13. 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 11 or Block 12 if changed, or on an attachment with an across, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OF PRINTED AND THE STATE OF PRINTED AND THE STATE OF THE STATE O								