

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000051433**
 1. Entity Name **America's Hardwood Floors, Corp.**

Principal Place of Business Mailing Address
11221 SW 88 street
Bldg C, # 209, MIAMI, FL 33176

2. Principal Place of Business **Same** 3. Mailing Address **Same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-1012483** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 19 PM 3:59

6. Name and Address of Current Registered Agent
Jose D Lopez
11221 SW 88 street
Bldg C, # 209, MIAMI FL 33176
 Name **Same**
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.V.T. S.D. Jose D. Lopez 11221 SW 88 St. Bldg C, #209 Miami FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200004668912-9 -11/06/01--010510-001 ****167.50 ****158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 person or persons 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 addendum with an address, with all other like empowered.

SIGNATURE: _____ 10-12-01 305279-1044

CR2E034 (5/01)