

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91560 010 ***150.00

DOCUMENT # P00000062936

1. Entity Name

KANTELY FLOORING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5649 NW 64TH TERRACE

Suite, Apt. #, etc.

3. Mailing Address
5649 NW 64TH TERRACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRINGS

City & State
CORAL SPRINGS

4. FEI Number 65-1020643

Applied For
Not Applicable

Zip
33067

Country
BROWARD

Zip
33067

Country
BROWARD

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JUCIMARA KULLING

Street Address (P.O. Box Number is Not Applicable)
5649 NW 64TH TERRACE

City CORAL SPRINGS FL 33067

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

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

(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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D KULLING, JUCIMARA
5649 NW 64TH TERRACE
CORAL SPRINGS FL 33067

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUCIMARA A. KULLING

04/17/02

Date

9545752410

Daytime Phone #

CR2E034B (12/01)