2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 17, 2001 8:00 am Secretary of State DOCUMENT # P0000065050 1. Entity Name 05-17-2001 91275 006 ***150.00 FLOOR DECOR, INC. Principal Place of Business Mailing Address 340 SOUTH FEDERAL HIGHWAY 340 SOUTH FEDERAL HIGHWAY DEERFIELD BEACH FL DEERFIELD BEACH FL 2. Principal Place of Business 3. Mailing Address uite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-102788 Not Applicable \$8.75 Additional 5. Certificate of Status Desired asawa9 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NASSAR, A.J. Street Address (P.O. 340 SOUTH FEDERAL HIGHWAY DEERFIELD BEACH FL 8. The above named entity submits this exatement 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elegis to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) PRESIDENT ☐ Addition TITLE ☐ Delete EDWARD NAME ROAD STREET ADDRESS 6001 POWERLINE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33309 t. LAUDERDALE TITLE SECRETARY TITLE ☐ Change Addition Delete NAME J. NASSAR NAME STREET ADDRESS STREET ADDRESS JAUSGWOF 1000 ROAD CITY-ST-ZIP CITY-ST-ZIP T. LAUDERDALE, FI TREASURER TITLE ☐ Change ☐ Addition TITLE ☐ Delete AJ DASSAR NAME NAME POWERUNE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 address. 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 address.

Daytime Phone #