FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90062 013 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000070685

1. Entity Name
DMS Flooring, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
627 Anderson Cr.		627 Anderson Circle	
Suite, Apt. #, etc. # 209		Suite, Apt. #, etc. # 209	
City & State: Deerfield Bch FL		City & State: Deerfield Bch FL	
Zip: 33441	Country: USA	Zip: 33441	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 651038333 — Applied For / Not Applicable

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: Marcelo Rodriguez
Street Address (P.O. Box Number is Not Acceptable): 627 Anderson Circle # 209
City: Deerfield Beach **FL** Zip Code: 33441

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	PSTD	TITLE	
NAME	Marcelo Rodriguez	NAME	
STREET ADDRESS	627 Anderson Circle #209	STREET ADDRESS	
CITY-ST-ZIP	Deerfield Beach, FL 33441	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Luis Marcio	NAME	
STREET ADDRESS	627 Anderson Circle #209	STREET ADDRESS	
CITY-ST-ZIP	Deerfield Beach, FL 33441	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: Marcelo Rodriguez Pres. 4-23-02 (954) 214-3641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #