

6/20/

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 06, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90011 049 \*\*\*150.00  
 07-06-2001 90200 004 \*\*\*408.75

**DOCUMENT # P00000083216**

1. Entity Name

**HONEST FLOORING, INC.**

Principal Place of Business

801 NORTHEAST 2ND COURT  
 HALLANDALE FL 33009

Mailing Address

801 NORTHEAST 2ND COURT  
 HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-1037646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

| 11. OFFICERS AND DIRECTORS                                       |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |      |
|--|---|--|------|
| TITLE  | NAME  | TITLE  | NAME |
| <input type="checkbox"/> Delete<br>STREET ADDRESS<br>CITY-ST-ZIP | PSTD<br><b>GHEORGHE, ILIE</b><br>801 NORTHEAST 2ND COURT<br>HALLANDALE FL 33009 | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>STREET ADDRESS<br>CITY-ST-ZIP |      |
| <input type="checkbox"/> Delete<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>STREET ADDRESS<br>CITY-ST-ZIP |      |
| <input type="checkbox"/> Delete<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>STREET ADDRESS<br>CITY-ST-ZIP |      |
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| <input type="checkbox"/> Delete<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>STREET ADDRESS<br>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 address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/01

Date

954-455-3608

Daytime Phone #

CR2E034 (10/00)