2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 13, 2002 8:00 am Secretary of State P00000084807 DOCUMENT # 1. Entity Name FLOOR CARE SERVICES CORP. Anima Sodress Principal Place of Business 13239 SW 131ST, STREET 3290 SW 131ST, STREET MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address 13228 SW 131 57 Floor Care Service uite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-1041779 Not Applicable Zip Country Country **\$8.75** Additional . Certificate of Status Desired - - USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOLINA, JULIO C Street Address (P.O. Box Number is Not Acceptable) 13228 SW 131 ST MIAMI FL 33186 City Zip Code 6. 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete TITLE MALEKI, LAURA NAME NAME 13228 SW 131 ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITI F 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 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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