2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 03, 2001 8:00 am DOCUMENT # P00000086538 **Secretary of State** GEM FLOOR COVERINGS, INC. 02-03-2001 90295 033 ***150.00 Principal Place of Business Mailing Address 14600 SOUTHWEST 82ND COURT 14600 SOUTHWEST 82ND COURT SUITE A SUITE A MIAMI FL 33158 MIAMI FL 33158 2. Principal Place of Business 3. Mailing Address 34 ST 7362 N.W. 736Z NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MIAMI miami City & State City & State Applied For 05Z 78Z 33122 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired --3312 11.S.A USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE COBAL-GABLES-FL 83134 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 agent and title if applicable. (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 elects 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. PTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition URTIAGA, CANDIDO J NAME NAME STREET ADDRESS 14600 SOUTHWEST 82ND COURT SUITE A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33158** ☐ Change ☐ Addition ☐ Delete TITLE TITLE URTIAGA, TERESA C NAME NAME STREET ADDRESS 14600 SOUTHWEST 82ND COURT SUITE A STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP MIAMI FL 33158 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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, with all other like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR