

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91201 002 ***150.00

DOCUMENT # **P00000104429**

1. Entity Name
PRO IMAGE FLOORING, INC.



DO NOT WRITE IN THIS SPACE

20032136

2. Principal Place of Business
7834 N.W. 44th ST.

Suite, Apt. #, etc.

3. Mailing Address
3441 S.W. 50th Terr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sunrise FL

Zip

33351

Country

Broward

City & State
Davie, FL

Zip

33314

Country

Broward

4. FEI Number
65-1054436

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
Michael Saparito

Street Address (P.O. Box Number is Not Acceptable)
3441 S.W. 50th Terr.

Davie, FL Zip Code
33314

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **X**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D. Michael Saparito
3441 S.W. 50th Terr.
Davie, FL 33314**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D. Annette Williford
613 WINTHROP AVE.
SMYRNA TN. 37167**

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **X Michael Saparito** MICHAEL SAPARITO **X 4/18/03 954-747-1321**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)