

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

FILED

02 MAY 28 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000105168

1. Entity Name

R & S WOOD FLOORS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

543 E. SAMPLE RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

POMPANO BEACH

City & State

4. FEI Number

65-1053295

Applied For

Not Applicable

Zip

FL

Country

33064

Zip

Country

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

RENE CARTAGENA

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

1830 E. 53rd CT

POMPANO BEACH

FL

Zip Code

33036

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

X M R. C.

RENE CARTAGENA, PRESIDENT

X 5/7/02

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

(NOT: 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	PDS
NAME	RENE CARTAGENA
STREET ADDRESS	SAME AS ABOVE
CITY - ST - ZIP	
TITLE	SARAH GLORIA DELETE
NAME	4551 N.W. 49TH CT.
STREET ADDRESS	COCONUT CREEK, FL 33073
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X

Rene C.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RENE CARTAGENA

X 5/7/02

Date

Daytime Phone #

954

X 6057371

CR2E034B (12/01)