

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105396

1. Entity Name

REVOLUTION FLOORING, INC.

Principal Place of Business

Mailing Address

3545 NW 111 TERR  
SUNRISE FL 33351

3545 NW 111 TERR  
SUNRISE FL 33351

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TINOCO, LUSMYRE  
3545 NW 111 TERR  
SUNRISE FL 33351

Name

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

City

FL

Zip Code

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

TITLE PD  
NAME TINOCO, LUSMYRE  
STREET ADDRESS 3545 NW 111 TERR  
CITY-ST-ZIP SUNRISE FL 33351

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME GOYO, ROSTHIN  
STREET ADDRESS 3545 NW 111 TERR  
CITY-ST-ZIP SUNRISE FL 33351

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

*Lusmyre Tinoco*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lusmyre Tinoco*

04-13-01 954-741-2050

Date

Daytime Phone #

05-01-01

FILED  
May 11, 2001 8:00 am  
Secretary of State

04-17-2001 90044 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

05-1053898

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

CR2E034 (10/00)