

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

08-21-2003 90106 036 ***150.00

DOCUMENT # P00000114900

1. Entity Name
FLOORS BY CORAL INC.

Principal Place of Business
3759 NW 35 STREET
COCONUT CREEK FL 33066

Mailing Address
3759 NW 35 STREET
COCONUT CREEK FL 33066

2. Principal Place of Business

7684 N. North Hill Rd. #173

3. Mailing Address

7684 N. North Hill Rd

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

#173

City & State

TAMARAC, FL

City & State

TAMARAC, FL

4. FEI Number

65-1144729

Applied For

Not Applicable

Zip

33321

Country

BROWARD

Zip

33321

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

FELDMAN, ROSELYN B

3759 NW 35 STREET

COCONUT CREEK FL 33066

**10822 CLARIMONT Circle
TAMARAC, FL 33321**

7. Name and Address of New Registered Agent

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

SIGNATURE *Larry Feldman*

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

(NOTE: Registered Agent signature required when reinstating)

8/
DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
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 **P** ☐ **Delete**
NAME **FELDMAN, ROSALYN B**
STREET ADDRESS **3759 NW 35 STREET**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE **VP** ☐ **Delete**
NAME **FELDMAN, LARRY**
STREET ADDRESS **3759 NW 35 STREET**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ **Change** ☐ **Addition**
NAME **ROSALYN B. FELDMAN**
STREET ADDRESS **10822 CLARIMONT Circle**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **V.ICE.** ☐ **Change** ☐ **Addition**
NAME **FELDMAN, LARRY**
STREET ADDRESS **10822 CLARIMONT Circle**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Larry Feldman **9/10/03**

Date

Daytime Phone #

954
856-6928

CR2034 (4/03)