

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

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90364 027 ***150.00

DOCUMENT # P01000021429

1. Entity Name

APOLLO WOOD FLOOR, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7296 SW 40 ST.

3. Mailing Address

7296 SW 40 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1081169

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ANTONIO TRIANA

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

7662 SW 152 AV.

No. 21

City

Miami

FL

Zip Code

33193

**DO NOT WRITE
IN THIS SPACE**

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

4/3/02

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>P.T.D</u> <u>ANTONIO TRIANA</u> <u>7662 SW 152 AV. No. 21</u> <u>Miami, FL 33193</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V.S.D</u> <u>HAROLDO TRIANA</u> <u>1815 SW 107 AV. No. 1701</u> <u>Miami, FL 33165</u>
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**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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Haroldo Triana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLDO TRIANA

4/3/02

Date

(305)2641120

Daytime Phone #