

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

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90087 045 \*\*\*150.00

DOCUMENT # P01000049252

1. Entity Name

Future Flooring Inc. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

425 Casting Ct.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

4. FEI Number

59 3734051

Applied For

Not Applicable

Zip

32825

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Rodolfo A. Viteri

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

2550 N. Alafaya Tr #10302

City

Orlando

**FL**

Zip Code

32826

**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

Rodolfo A. Viteri (Treasury-Secretary)

(NOTE: Registered Agent signature required when reinstating)

04/29/2002

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Oscar V. Viteri</u> <u>10549 Leader Ln</u> <u>Orlando, FL 32825</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Oscar L. Viteri</u> <u>10549 Leader Ln</u> <u>Orlando, FL 32825</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T/S</u> <u>Rodolfo A. Viteri</u> <u>2550 N. Alafaya Tr #10302</u> <u>Orlando, FL 32826</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 employment.

SIGNATURE:

Rodolfo A. Viteri

04/29/2002 (321)689-8921

Date

Daytime Phone #

CR2E034B (12/01)