2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CIRECTOR

Jul 25, 2002 8:00 am Secretary of State DOCUMENT # P01000054599 05-27-2002 90376 035 ***150.00 1. Entity Name DISCOUNT FLOORING, INC. Principal Place of Business Mailing Address 39646 4240 SW 134 AVE 4240 SW 134 AVE MIAMI FL 33175 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FELNumber Applied For Not Applicable Zio Country 7 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTIN, BEATRIZ Street Address (P.O. Box Number is Not Acceptable) 4240 SW 134 AVE **MIAMI FL 33175** City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE ☐ Delete TITLE (9/01) NAME MARTIN, FELIX NAME STREET ADDRESS 4240 SW 134 AVE STREET ADDRESS CR2E034 CITY-ST-76 **MIAMI FL 33175** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARTIN, BEATRIZ NAME STREET ADDRESS 4240 SW 134 AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CHTY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 adjress, with all other like empowered.

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2002	2 UNIFORM BUS	NESS REPOR	RT (UBR)					
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2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Num	4. FEI Number Applied For			
Zip Country -		Zip	··Country	5. Certificate of Status Desired \$8.75 Additiona		ot Applicable ditional		
	6. Name and Address of Current	Registered Agent		7 Name a	40.5	Fee Require	ed	
A A A DTINI	-	rogiotorea Agent	Name	7. Name ar	nd Address of New Registere	d Agent		
Martin, 4240 SW Miami Fl	134 AVE		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City		F		į	
8. The above the obligation	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its re	gistered office or regis	stered agent, or b	ooth, in the State of Florida. I a	m familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	and life if applicable (NOTE: E	Registered Agent signature requ	are district to the second				
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 \$550.00 After September 13, 2002 Fee will be \$75 Make Check Payable to Department of S		10. Election Campaign Financing \$5.00 May Be				
11.	OFFICERS AND	TO BY THE PROPERTY OF THE SECTION OF	12.	#20080000000000000000000000000000000000	S/CHANGES TO OCCIOERS AS	ND DIDEOTOR	5 IN	
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13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

Attachment

July 19, 2002

P01000054599

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Discount Flooring, Inc.

Dear Sir or Madam:

I had received a copy of my annual report which was returned due to not having a federal identification number. I mailed this report back, and I am sending you a copy of it. I received another form recently which requires me to file the form and include \$550.00. I feel your department may have not received the form, therefore, I am including a copy. If you need any further information do not he sitate to contact me.

Thank you,

Beatriz Martin