

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000068144

1. Entity Name
PABLO'S FLOORING, CORP.

Principal Place of Business
1660 NE 191 ST #104
NORTH MIAMI BEACH FL 33179

Mailing Address
1660 NE 191 ST #104
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business
SICKY LAKE NORTH M.
Suite, Apt. #, etc.
104
City & State
N. MIAMI
Zip
33179
Country
DADE

3. Mailing Address
1660 NE 191 ST
Suite, Apt. #, etc.
104
City & State
N. MIAMI
Zip
33179
Country
DADE

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90056 008 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number
APPLIED FOR
Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATUTE, PABLO E
1660 NE 191 ST #104
NORTH MIAMI BEACH FL 33179

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.

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, 2002 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MATUTE, PABLO E	
STREET ADDRESS	1660 NE 191 ST #104	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	V	<input type="checkbox"/> Delete
NAME	BERMEO, JESSICA	
STREET ADDRESS	1660 NE 191 ST #104	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 address, with all other like empowered.

SIGNATURE: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02

305 655 1047
305 956 2716

Daytime Phone #

CR2E034 (9/01)