

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

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90128 031 ***150.00

DOCUMENT # **P01000100073**

1. Entity Name

EXPLOSION FLOORING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3900 NW 79 AV

Suite, Apt. #, etc.

213

City & State

MIAMI FLORIDA

Zip

33166

Country

3. Mailing Address

3900 NW 79 AV

Suite, Apt. #, etc.

213

City & State

MIAMI FLORIDA

Zip

33166

Country

DO NOT WRITE IN THIS SPACE

① FEI Number

60-0001394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Ramirez, Manuel

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

3900 NW 79 AV #213

City

MIAMI

FL

Zip Code

33166

**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 **X**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/12/02

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
**PD
RAMIREZ, MANUEL
800 NW 210 STREET, 106
MIAMI FL 33169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HERNAIZ, RICARDO
800 NW 210 STREET, 106
MIAMI FL 33169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 officers empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 7/12/02

Date

Daytime Phone #

CR2E034B (12/01)

Division of Corporations
P.O. Box 1500
Tallahassee, Fl 32302-1500

Attachment
12/7/71

Re: P01000100073

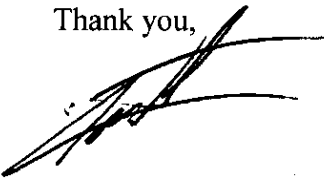
Explosion Flooring Inc

Gentlemen:

Enclosed is the UBR Report and a check for 150.00 in order to renew my corporation as I have not received the annual report from your office.

Your cooperation in this matter is appreciated.

Thank you,



Manuel Ramirez
President