2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

May 03, 2002 8:00 am Secretary of State P01000107958 DOCUMENT # 1. Entity Name 05-03-2002 90040 042 ***150 00 OUTRAGEOUS WOOD FLOORS, CORP. Principal Place of Business Mailing Address 768 NANDINA DR 768 NANDINA DR WESTON FL 33327 WESTON FL 33327 2. Principal Place of Business 3. Mailing Address OG AUITOUAU BOF AUTUNAN 83F Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Nestor Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box USA 115A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESQ LICHTER, IRWIN G ESQ 321 NE 26 ST **MIAMI FL 33137** $\sim DN$ 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible -~10.≈Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) TITLE ☐ Delete TITLE Change Change ☐ Addition ARAMILLO, COILOS A JARAMILLO, CARLOS A NAME NAME JAKHMICO COMO 768 NANDINA DR CR2E034 STREET ADDRESS STREET ADDRESS WESTON FL 33327 veston FL 33327 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Rogos, ALVARD ROJAS, ALVARO NAME NAME TO ANIOUAN BOF **768 NANDINA DR** STREET ADDRESS STREET ADDRESS neston FL CITY-ST-ZIP WESTON FL 33327 CITY-ST-ZIP Delété TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME 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 address, with all other like empowered.

FILED