

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91352 046 ***150.00

DOCUMENT# P01000115677

1. Entity Name

TSALACH FLOORING, CORP.

Principal Place of Business

**3681 W. HILLSBORO BLVD.
 E 209
 COCONUT CREEK FL 33073**

Mailing Address

**3681 W. HILLSBORO BLVD.
 E 209
 COCONUT CREEK FL 33073**

2. Principal Place of Business

SAME ABOVE

3. Mailing Address

SAME ABOVE

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number

65-1157700

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AQUILINO, JULIANA
 3961 N. FEDERAL HWY
 POMPANO BEACH FL 33064**

7. Name and Address of Now Registered Agent

AQUILINO, JULIANA

Street Address (P O Box Number is Not Acceptable)
3961 N. FEDERAL HWY

City
POMPANO BEACH

FL Zip Code
33064

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 **P** ☐ Delete
 NAME **HONORATO, NELSON**
 STREET ADDRESS **3681 W. HILLSBORO BLVD. E 209**
 CITY - ST - ZIP **COCONUT CREEK FL 33073**

TITLE **V** ☐ Delete
 NAME **BORGES, VALERIO O**
 STREET ADDRESS **3682 W. HILLSBORO BLVD.**
 CITY - ST - ZIP **COCONUT CREEK FL 33073**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **1** ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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 qualified 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:

X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/2002 (954) 422-1820

Date Daytime Phone #