

FILED

Jun 16, 2003 8:00 am
Secretary of State

05-05-2003 91881 027 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000001337

1. Entity Name
R K B CARPETING & FLOORING, INC.Principal Place of Business
1864 NE 148 ST
NORTH MIAMI BEACH FL 33181Mailing Address
1864 NE 148 ST
NORTH MIAMI BEACH FL 33181

55048442

2. Principal Place of Business
5721-Funston St.
Suite, Apt. #, etc.
Suite # 143. Mailing Address
Suite, Apt. #, etc.City & State
Hollywood Flo.
Zip
33023City & State
Country
Zip
Country4. FEI Number
01-0576537Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BARONA, RODRIGO
1864 NE 148 ST
NORTH MIAMI BEACH FL 33181

7. Name and Address of New Registered Agent --

Name Rodrigo Barona
Street Address (P.O. Box Number is Not Acceptable)
5721 Funston St. Suite #14
City Hollywood FL Zip Code 33023

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BARONA, RODRIGO
1864 NE 148 ST
NORTH MIAMI BEACH FL 33181 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)