FILED
Jun 27, 2003 8:00 am
Secretary of State

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04-28-2003 90546 030 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000008129

1. Entity Name
FLOORTECH OF MIAMI, INC.

55049981

Principal Place of Business	Mailing Address
3950 N.W. 173RD TERRACE CAROL CITY FL 33059	3950 N.W. 173RD TERRACE CAROL CITY FL 33059

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
FlooR Tech of Mias Inc.	
Suite, Apt. #, etc.: 3950 NW 173 Te.	Suite, Apt. #, etc.
City & State: Carol City	City & State
Zip: 33055 Country: Dade	Zip / Country

4. FEI Number: 02-0552232 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUNN, DONALD A 3950 N.W. 173RD TERRACE CAROL CITY FL 33059	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. 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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE: PRESident NAME: Donald Dunn STREET ADDRESS / CITY-ST-ZIP: 3950 NW 173 Te. Carol City Fla 33055 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (10/02)

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: Donald Dunn REQUIRED 04-24-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #