2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2003 8:00 am Secretary of State

DOCUMENT # P02000025616 1. Entity Name N.R. FLOOR TECHNICIAN, INC.						04-04-2003 90129 006 ***158.75	
Principal Place of Business 8810 CORAL COVE OR ORLANDO FL 32818 Mailing Address 6810 CORAL COVE DR ORLANDO FL 32818 ORLANDO FL 32818							
2. Principal i	Place of Business	3. Mailing Address				3 ACCHABA NII BENIA 1881) BAHII BAKII BAKII BAKII BATYA JIDDI ALIHA ONESI KENE AHII (DA)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	CHECK-HERE IF MAKING CHANGES	٠
City & Sta	ite	City & State		<u> </u>		FEI Number	
Zip	Country	Zip Con		ountry		Certificate of Status Desired \$8.75 Additional	
}	6. Name and Address of Current	Registered Anent	Internal Appet		7. Name and Address of New Registered Agent		
	o. Haile and Address of Culterly	negistered Agent		~ Name ~		raine and Address of New Registered Agent	-
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.				Street Address (P.O. Box Number is Not Acceptable)			
4TH FLOO MIAMI FL				City		· FL Zip Code	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	register	ed office or regist	ered ag	gent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	^		C Registere	d Agent signature requi	ed when n	3/12/03_ reinstating) DATE	
Afte	TILE NOW!!! FEE IS \$150.00 r.May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of			,	A 'emps'	9. Election Campaign Financing \$5.00 May be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND DIRECTORS				AE	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RATTAN, NIGEL 6810 CORAL COVE DR ORLANDO FL 32818	☐ Delete	•			☐ Change ☐ Addition	CRZE034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RATTAN, CHRISTOPHER 6810 CORAL COVE DR ORLANDO FL 32818	☐ Delete		1	-	☐ Change ☐ Addition	S C
TITLE -NAME		☐ Delete	TITLE			☐ Change ☐ Addition	
STREET ADORESS CITY-ST-ZIP				ET ADDRESS ST-ZIP	,		
TITLE NAME STREET ADDRESS		☐ Delate		ET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME		☐ Delete	TITLE NAME			☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME			☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP				T ADORESS ST-ZIP			
indicated	on this report or supplemental report is to	rue and accurate and that m	y signatı	ure shall have the	same i	119.07(3)(i), Fiorida Stalutes. I further certify that the information legal effect as if made under oath; that I am an officer or director da Statutes; and that my name appears in Block 10 or Block 11 if	