

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0279335 AV

DOCUMENT # P02000051616

1. Entity Name
A & J WOOD FLOORS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -9 AM 9:57



Principal Place of Business
9960 SW 55 STREET
MIAMI FL 33165

Mailing Address
9960 SW 55 STREET
MIAMI FL 33165

2. Principal Place of Business

10300 S.W. 16TH STREET

3. Mailing Address

10300 S.W. 16TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
04-3651816

Applied For
Not Applicable

Zip
33165

Country
US

Zip
33165

Country
US

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

MARIA EUGENIA DEL TORO
9960 SW 55 STREET
MIAMI FL 33165

Name MARIA EUGENIA DEL TORO

Street Address (P.O. Box Number is Not Acceptable)

10300 S.W. 16TH STREET

City MIAMI

FL

Zip Code 33165

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 PD
NAME DEL TORO, ANTONIO
STREET ADDRESS 9960 SW 55 STREET
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10300 S.W. 16TH STREET
CITY-ST-ZIP MIAMI FL 33165

TITLE VSTD
NAME DEL TORO, MARIA E
STREET ADDRESS 9960 SW 55 STREET
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10300 S.W. 16TH STREET
CITY-ST-ZIP MIAMI, FL 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300016127503
CITY-ST-ZIP 04/17/03--01003--016 **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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, without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/03

CR2E034 (10/02)