

FILED
May 12, 2003 8:00 am
Secretary of State

04-23-2003 90177 009 ***150.00

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

DOCUMENT # **PD2000082357**

1. Entity Name

B+M CARPET+WOOD FLOOR INC



DO NOT WRITE IN THIS SPACE

55039664

2. Principal Place of Business

1025 SW 136 PLACE

Suite, Apt. #, etc.

3. Mailing Address

3529 SW 112 PL

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

51-0417514

Applied For

Not Applicable

Zip

33184

Country

MIAMI-DADE

Zip

33165

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

BOB BENITEZ

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

3529 SW 112 PL

City

MIAMI FLA

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

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
**PRESIDENT
MANUEL QUESADA
1025 SW 136 PLACE
MIAMI FL 33184**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE-PRESIDENT
ROSA M PEREZ
1025 SW 136 PLACE
MIAMI FL 33184**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **MANUEL QUESADA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03
Date

Daytime Phone #

CR2E034B (12/02)