

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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90707 009 \*\*\*150.00

**DOCUMENT # P02000113144**



**1. Entity Name**  
**WOODFLOOR SOLUTIONS USA, INC.**

**Principal Place of Business**  
**6995 NW 82 AVE BAY 43**  
**MIAMI FL 33166**

**Mailing Address**  
**6995 NW 82 AVE BAY 43**  
**MIAMI FL 33166**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **33-1027525**

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**

**E&V GREAT PROF. INC**  
**6216 SW 8 STREET**  
**MIAMI FL 33144**

**Name** **CONCEPCION-A. FUENTES-**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**6995 N.W. 82 AVE BAY 43**  
**City** **MIAMI** **FL** **Zip Code** **33166**

**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)

**03-06-03**  
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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	FUENTES, CONCEPCION A	
STREET ADDRESS	6995 NW 82 AVE BAY 43	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILMAN, RAFAEL A	
STREET ADDRESS	6995 NW 82 AVE BAY 43	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUENTES, CONCEPCION A.	
STREET ADDRESS	6995 N.W. 82 AVE BAY 43	
CITY-ST-ZIP	MIAMI, FL 33166.	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CEDRON DE MORILLO, MARTHA IBIS	
STREET ADDRESS	6995 N.W. 82 AVE BAY 43	
CITY-ST-ZIP	MIAMI, FL 33166.	
TITLE	S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILMAN, RAFAEL A.	
STREET ADDRESS	6995 N.W. 82 AVE BAY 43	
CITY-ST-ZIP	MIAMI, FL 33166.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 with all other like empowered.**

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

**03-06-03**  
Date

Daytime Phone #

CR2E034 (10/02)