


2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90266 009 ***150.00

DOCUMENT# P0300036585

1. Entity
MK-FLOORING, CORP.



Principal Place of
10575 ERMINE AVE
BOCA RATON, FL 33428

Mailing
10575 ERMINE AVE
BOCA RATON, FL 33428

2. Principal Place of Business **3. Mailing Address**

Suite, Apt #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country
USA USA

44026292

CHECK HERE IF MAKING CHANGES

4. FEI Number
45-0508658

Applied For
 Not Applicable

5. Certificate of Status **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered
MARCIO ANDREOLLI
10575 ERMINE AVE
BOCA RATON, FL 33428

7. Name and Address of Now Registered
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.

SIGNATURE _____ **03/27/2004**
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 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	PVTSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCIO ANDREOLLI	NAME	
STREET ADDRESS	10575 ERMINE AVE	STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 33428	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Chang <input type="checkbox"/> Additi
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Chang <input type="checkbox"/> Additi
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 (3)(l), 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 qualified by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ **03/27/2004 (954) 560-2191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #