

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

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90088 002 ***150.00

DOCUMENT # *P04000160646*

1. Entity Name

ABM Floors Inc.



DO NOT WRITE IN THIS SPACE

20014562

2. Principal Place of Business

4130 VISTA LAGO CIR.

Suite, Apt. #, etc.

107

3. Mailing Address

4130 VISTA LAGO CIR

Suite, Apt. #, etc.

107

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

Zip

34741

Country

OSCEOLA

Zip

34741

Country

OSCEOLA

4. FEI Number

432064705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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	<i>P</i>
NAME	<i>MARIA E. VELASQUEZ</i>
STREET ADDRESS	<i>4130 VISTA LAGO CIR 107</i>
CITY-ST-ZIP	<i>KISSIMMEE, FL, 34741</i>
TITLE	<i>V</i>
NAME	<i>ABEL HERRERA</i>
STREET ADDRESS	<i>4130 VISTA LAGO CIR 107</i>
CITY-ST-ZIP	<i>KISSIMMEE, FL, 34741</i>
TITLE	
NAME	
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CITY-ST-ZIP	

**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:

MARIA E. VELASQUEZ Maria E. Velasquez

2-15-05

407-870-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)