

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-07-2006 90027 032 ***150.00

DOCUMENT # P05000048747						
1. Entity Name UGD FLOORS INC.						
Principal Place of Business 2870 W 3 CT HIALEAH, FL 33010			Mailing Address 2870 W 3 CT HIALEAH, FL 33010			
2. Principal Place of Business 2870 West 3 Ct.		3. Mailing Address 2870 West 3 Court				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State Hialeah, FL		City & State Hialeah, FL		4. FEI Number 207610554		
Zip 33010		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RUSO, OMAR 2870 W 3 CT HIALEAH, FL 33010			7. Name and Address of New Registered Agent Name: Omar Russo Street Address (P.O. Box Number is Not Acceptable): 2870 W. 3 Court. City: Hialeah, FL Zip Code: 33010			
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: _____ (NOTE: Registered Agent signature required when reappointing)						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE DP	NAME RUSO, ANTONIO		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10125 SW 115 CT	CITY- ST- ZIP MIAMI, FL 33176			STREET ADDRESS	CITY- ST- ZIP	
TITLE DST	NAME RUSO, IRMA		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10125 SW 115 CT	CITY- ST- ZIP MIAMI, FL 33176			STREET ADDRESS	CITY- ST- ZIP	
TITLE DV	NAME RUSO, OMAR		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2870 W 3 CT	CITY- ST- ZIP HIALEAH, FL 33010			STREET ADDRESS	CITY- ST- ZIP	
TITLE DV	NAME RUSO, VANESSA		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2870 W 3 CT	CITY- ST- ZIP HIALEAH, FL 33010			STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY- ST- ZIP			STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY- ST- ZIP			STREET ADDRESS	CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____				Date: 2/24/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #		

66003077



01242006 Chg-P CR2E034 (11/05)

Applied For
Not Applicable

207610554

2/24/06



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2006

UGD FLOORS INC.
2870 W 3 CT
HIALEAH, FL 33010

Subject: UGD FLOORS INC.

Reference Number:

P05000048747

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION



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Division of Corporations

Annual Report[Annual Report Help](#)

Document Number

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Business Entity Name

UGD FLOORS INC.

FEI Number

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No**Principal Place of Business**

Address

2860 W 3 CT

Suite, Apt. #, etc.

City, State

HIALEAH

FL

Zip Code & Country

33010

Mailing Address

Address

2860 W 3 CT

Suite, Apt. #, etc.

City, State

HIALEAH

FL

Zip Code & Country

33010

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

RUSO

OMAR

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

2860 W 3 CT

Suite, Apt. #, etc.

City, State

HIALEAH

FL

Zip Code & Country

33010

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

RUSO

VANESSA

- OR -

Entity Name to serve as
Officer/Director

Street Address

2860 W 3 CT

City, State

HIALEAH

FL

Zip Code & Country

33010

Title

Name (Last, First, Middle, Title)

- OR -

-- Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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